



Teleprocessing Users Guide - MAR II

TURNOVER LIBRARY REFERENCE NUMBER: MAMA10002
REVISION DATE: OCTOBER 2001
VERSION 2.1

Library Reference Number: MAMA10001

Document Management System Reference: Teleprocessing Users Guide-MAR I

Address any comments concerning the contents of this manual to:

EDS Systems Unit
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
Fax: (317) 488-5169

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Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	June 2000	Multiple	Package C updates	Deanna Daeger
Version 2.0	November 2000	All	Formating Update; Section 1 Revised	L. I. Rapkin
Version 2.1	October 2001	Appendix Z	Updates for CSR #IN012881 changes	Karen Girgis

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Section 1: Recipient Participation Summary Window

Introduction

To bring up the Recipient Participation Summary window, click **Recipient** in the main command bar and a drop-down menu appears. Click **Participation** and Recipient Participation Summary appears. Access the Recipient Participation Summary window from this point.

The following fields are menu options:

- Program Code
- Claim Type
- Category of Service
- State Aid Category
- Reporting Period

The Recipient Participation Summary window details recipients' use of the services available for a given Medical Assistance Program. Data is displayed by categories of services and eligibility classifications.

Recipient Participation Summary (WM48-20R)

File Edit

Program Code ALL

Claim Type ALL

Category of Service ALL

State Aid Category ALL

Begin: End:

Reporting Period November 2000 November 2000

☒ Totals
☐ Average

Total Number of Eligibles	
Number of Unduplicated Recipients	
Pct of Eligible Recipients Participating	
Allowed Amount	
Paid Amount	
Average Allowed Amount per Eligible	
Average Payment per Eligible	
Avg Allowed per Participating Recip	
Avg Payment per Participating Recip	
Total Service Units	
Average Allowed per Service Unit	
Average Payment Per Service Unit	

Select Exit

Figure 1.1 – Recipient Participation Summary Window

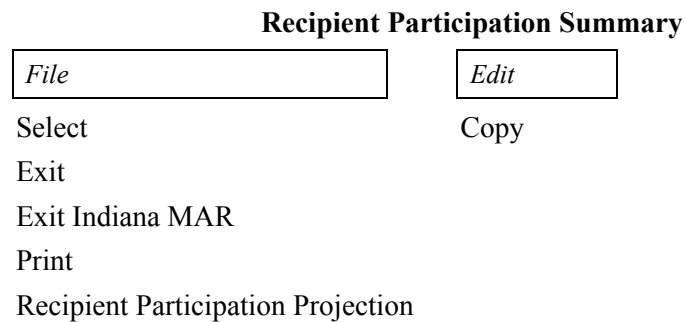


Figure 1.2 – Recipient Participation Summary Menu Tree

Figure 1.2 is an illustration of the menu tree for the Recipient Participation Summary window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Recipient Participation Summary window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Recipient Participation Projection – Displays a window titled Recipient Participation Projection.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Claim Type

Description – Indicates the type of bill processed by the system.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix P* for valid values.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Total Number of Eligibles

Description – Displays the total number of persons enrolled in the selected program and eligible to receive services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Unduplicated Recipients

Description – Displays a unique count of participating eligibles for claims finalized during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent of Eligible Recipients Participating

Description – Displays the unduplicated count of participating eligibles as a percent of the total number of eligibles during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Allowed Amount

Description – Displays the total dollar amount allowed for claims finalized during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid Amount

Description – Displays the total dollar amount paid for claims finalized during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Allowed Amount Per Eligible

Description – Displays an average of the dollars allowed per eligible for the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Per Eligible

Description – Displays an average of the dollars paid per eligible for the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Avg Allowed Per Participating Recip

Description – Displays an average of the dollars allowed per participating eligible for claims paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Avg Payment Per Participating Recip

Description – Displays an average of the dollars paid per participating eligible for claims paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Service Units

Description – Displays the number of service units allowed for claims paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Allowed Per Service Unit

Description – Displays an average of the dollars allowed per service units allowed for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Per Service Unit

Description – Displays an average of the dollars paid per service units for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_487_RECPT_PART_SUM

Menu – M_MAR_OPTIONS

Data Window – DW_487_RECPT_PART_SUM

System Features

Click **Recipient Participation Projection** to display a window titled Recipient Participation Projection. The menu selections **Program Code** and **Reporting Period** from the Recipient Participation Summary carry forward to this window.

Click **Exit** from the window to close the window and return to the primary Recipient Participation Summary window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Recipient Participation Summary window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 2: Recipient Participation Projection Window

Introduction

To bring up the Recipient Participation Projection window, click **Recipient** in the main command bar and a drop-down menu appears. Click **Projection** and Recipient Participation Projection appears. Access the Recipient Participation Projection window from this point.

The following fields are menu options:

- Program Code
- State Aid Category
- Reporting Period

The Recipient Participation Projection window displays counts of recipient usage by age group for current, historical and projected time periods. It is used primarily as supporting data for the HCFA 37.7 Report.

Recipient Participation Projection			
File Edit			
Program Code	ALL	<input checked="" type="radio"/> State Fiscal YTD <input type="radio"/> Federal Fiscal YTD <input type="radio"/> Calendar YTD	
Reporting Period	September 1996		
Eligible Categories	Previous Year (Base Year)	Current Year	Projection (Budget Year)
<div>Recipient Participation</div> <div>Select Exit</div>			

Figure 2.1 – Recipient Participation Projection Window

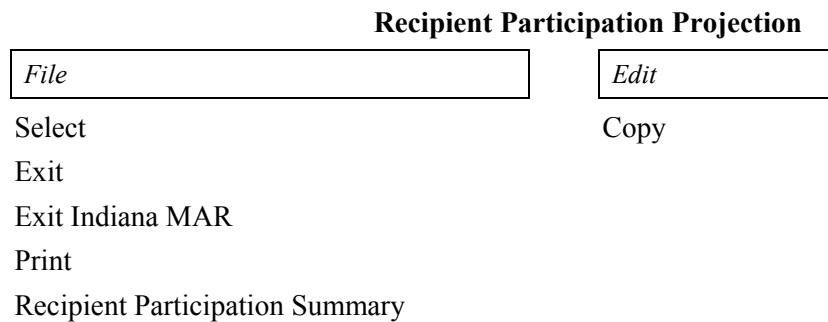


Figure 2.2 – Recipient Participation Projection Menu Tree

Figure 2.2 is an illustration of the menu tree for the Recipient Participation Projection window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Recipient Participation Projection window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Recipient Participation – Displays a window titled Recipient Participation Summary.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending orders of selected data elements.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year-to-date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Eligible Categories

Description – Displays the eligible categories as grouped on the HCFA 37.7 form. Category groupings with subgroups display, followed by a subtotal for that category and a total average of all category groupings will follow the category

Format – Alphanumeric description

Features – Protected – display only

Valid values:

Blind and Disabled

Aged 65 and Over (Non-Disabled)

QMBs Only

Other Aged

Other Adults (Non-Disabled/Non-Aged)

Pregnancy Benefit Adults

Other Adults

Non-Disabled Children

Age Less Than 1 Year

Age 1 to 5

Other Children

Field Name: Previous Year (Base Year)

Description – Displays an average number of eligibles participating in the medical assistance programs. The figure is calculated as the sum of the number each month of the selected year of eligibles,, divided by 12 or the number of months available on which to base the sum. Eligibles count as partial eligibles figured to the tenths for eligible groups in each month that they are not eligible for that group for the entire month.

Format – 99,999,999,999

Features – Protected – display only

Field Name: Current Year

Description – Displays the average number of eligibles who participated in the medical assistance programs for the selected year-to-date value. Figure is calculated as the sum of the number each month of the selected year of eligibles, divided by 12 or the number of months available on which to base the sum. Eligibles count as partial eligibles figured to the tenths for eligible groups in each month that they are not eligible for that group for the entire month.

Format – 99,999,999,999

Features – Protected – display only

Field Name: Projection (Budget Year)

Description – Displays a projection of the average number of eligibles expected to participate by calculating Current Year Average, minus Previous Year Average, divided by the Previous Year Average for the percent of change, and then calculating the Current Year Average times the percent of change, plus the Current Year Average to equal the Projection average.

Format – 99,999,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_487A_RECIP_PROJ

Menu – M_MAR_OPTIONS

Data Window – DW_487A_RECIP_PROJ

System Features

Click **Recipient Participation** to display a window titled Recipient Participation Summary. The menu selections **Program Code** and **Reporting Period** from the primary window carry forward to this window.

Click **Exit** from the window to return to the Recipient Participation Projection window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the Recipient Participation Projection window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 3: Recipient Sobra/Defra Activity Window

Introduction

To bring up the Recipient Sobra/Defra Activity window, click **Recipient** in the main command bar and a drop-down menu appears. Click **Activity** and a slide-out menu appears. Click **Sobra/Defra** and Recipient Sobra/Defra Activity appears. Access the following windows from this point:

- Recipient Wards Activity window
- Recipient AFDC-UP Activity window
- Recipient FQHC Activity window

The following fields are menu options:

- Program Code
- Aid Category
- Reporting Period

The Recipient Sobra/Defra Activity window is part of recipient activity series and provides statistical data on recipients eligible for services under the Sobra/Defra classifications and their participation in selected programs. Sobra children are considered ICES aid categories MA Z and MA ZP, and Sobra Adults are ICES aid categories MA N, MA P, MA NP, and MA PP. Limited Care for Pregnant Women recipients are a subset of Sobra Adults and are ICES aid categories MA N and MA NP. Defra Children are ICES aid categories MA X, MA Y, MA 1, MA 2, MA XP, MA YP, MA 1P, and MA 2P. Defra Adults are ICES aid categories MA E, MA M, and MA MP.

Recipient Sobra/Defra Activity [WM56-01R]

File Edit

Program Code ALL

State Aid Category ALL

Reporting Period September 1996

☒ Current Month Only
☐ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

☐ Eligibles on Year To Date

	Allowed	Expenditures	Eligibles	Recipients	Allowed	Expenditure
Pregnant Women						
Children Under 1						
Children 1 thru 2						
Children 3 thru 5						
Children 6 and Over						
TOTAL						
Limited Care for Pregnant Women						

AFDC-UP Activity

FQHC Activity

Wards Activity

Select Exit

Figure 3.1 – Recipient Sobra/Defra Activity Window

Recipient Sobra/Defra Activity (WM56-01R)

File Edit

Program Code ALL

State Aid Category ALL

Reporting Period September 1996

☒ Current Month Only
☐ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

☐ Eligibles on Year To Date

			----- To Date Totals -----			
Expenditures	Eligibles	Recipients	Allowed	Expenditures	Eligibles	Recipients

AFDC-UP Activity

FQHC Activity

Wards Activity

Select Exit

Figure 3.2 – Recipient Sofra/Defra Activity Continued

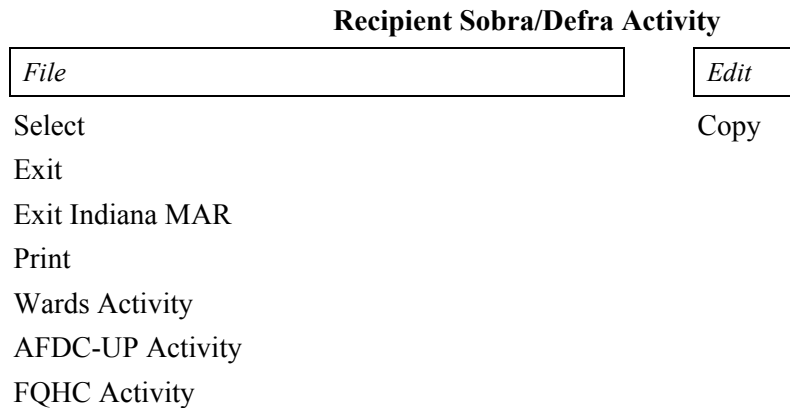


Figure 3.2 – Recipient Sobra/Defra Activity Menu Tree

Figure 3.2 is an illustration of the menu tree for the Recipient Sobra/Defra Activity window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Recipient Sobra/Defra Activity window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command.

Menu Selection: *File*

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Wards Activity – Displays a window titled Recipient Wards Activity.

AFDC-UP Activity – Displays a window titled Recipient AFDC-UP Activity.

FQHC Activity – Displays a window titled Recipient FQHC Activity.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Aid Category

Description – Indicates for this window whether a recipient is enrolled in the Sobra or Defra classification.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Sobra

Defra

All

Field Name: Reporting Period

Description – Indicates that the data reported is from claims finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year-to-date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

Current Month Only

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Eligibles On Year To Date

Description – Selection box decreases clocking time on window by opting not to have eligibility counts on year to date section.

Format – Alphanumeric description

Features – Selection box

Valid values:

X (click on – indicates "include year to date eligibility counts")

Blank (click off – indicates "do not include year to date eligibility counts")

Field Name: Pregnant Women – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for pregnant women eligible for Sobra/Defra.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Pregnant Women – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for pregnant women eligible for Sobra/Defra.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Pregnant Women – Eligibles

Description – Displays the total number of pregnant women enrolled in Sobra/Defra aid categories eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Pregnant Women – Recipients

Description – Displays the total number of pregnant women enrolled in Sobra/Defra aid categories for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Pregnant Women – To Date Totals –Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for pregnant women enrolled in Sobra/Defra.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Pregnant Women – To Date Totals –Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for pregnant women enrolled in Sobra/Defra.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Pregnant Women – To Date Totals – Eligibles

Description – Displays the total number of pregnant women enrolled in Sobra/Defra aid categories eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Pregnant Women – To Date Totals – Recipients

Description – Displays the total number of pregnant women enrolled in Sobra/Defra aid categories for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Children Under 1

Displays the following field statistics for children ages newborn through one year.

Children 1 Thru 2

Displays the following field statistics for children age one year to two years.

Children 3 Thru 5

Displays the following field statistics for children age three years to five years.

Children 6 and Over

Displays the following field statistics for children ages six years and older.

Field Name: Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period in the Sobra/Defra aid category.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period in the Sobra/Defra aid category.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Eligibles

Description – Displays the total number of children enrolled in Sobra/Defra aid categories eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Recipients

Description – Displays the total number of children enrolled in Sobra/Defra aid categories for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: To Date Totals – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for children enrolled in Sobra/Defra.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: To Date Totals – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for children enrolled in Sobra/Defra.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: To Date Totals – Eligibles

Description – Displays the total number of children enrolled in Sobra/Defra aid categories eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: To Date Totals – Recipients

Description – Displays the total number of children enrolled in Sobra/Defra aid categories for whom services paid during the

reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for all persons eligible for Sobra/Defra. Limited Care for Pregnant Women totals are not included in this figure because the recipients are a subset of Sobra Adults; data is included for display purposes only.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for all persons eligible for Sobra/Defra. Limited Care for Pregnant Women totals are not included in this figure because the recipients are a subset of Sobra Adults; data is included for display purposes only.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – Eligibles

Description – Displays the total number of persons enrolled in Sobra/Defra aid categories eligible for services during the reporting period. Limited Care for Pregnant Women totals are not included in this figure because the recipients are a subset of Sobra Adults; data is included for display purposes only.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – Recipients

Description – Displays the total number of persons enrolled in Sobra/Defra aid categories for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims. Limited Care for Pregnant Women totals are not included in this figure because the recipients are a subset of Sobra Adults; data is included for display purposes only.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – To Date Totals – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for all persons enrolled in Sobra/Defra. Limited Care for Pregnant Women totals are not included in this figure because the recipients are a subset of Sobra Adults; data is included for display purposes only.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – To Date Totals – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for all persons enrolled in Sobra/Defra. Limited Care for Pregnant Women totals are not included in this figure because the recipients are a subset of Sobra Adults; data is included for display purposes only.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – To Date Totals – Eligibles

Description – Displays the total number of persons enrolled in Sobra/Defra aid categories eligible for services during the reporting period year-to-date value. Limited Care for Pregnant Women totals are not included in this figure because the recipients are a subset of Sobra Adults; data is included for display purposes only.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – To Date Totals – Recipients

Description – Displays the total number of persons enrolled in Sobra/Defra aid categories for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims. Limited Care for Pregnant Women totals are not included in this figure because the recipients are a subset of Sobra Adults; data is included for display purposes only.

Format – 99,999,999

Features – Protected – display only

Field Name: Limited Care for Pregnant Women – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for women eligible for Limited Care for Pregnant Women aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Limited Care for Pregnant Women –Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for women eligible for Limited Care for Pregnant Women aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Limited Care for Pregnant Women – Eligibles

Description – Displays the total number of women enrolled in Limited Care for Pregnant Women aid categories eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Limited Care for Pregnant Women – Recipients

Description – Displays the total number of women enrolled in Limited Care for Pregnant Women aid categories for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Limited Care for Pregnant Women – To Date Totals – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for women enrolled in Limited Care for Pregnant Women.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Limited Care for Pregnant Women – To Date Totals – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for women enrolled in Limited Care for Pregnant Women.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Limited Care for Pregnant Women – To Date Totals – Eligibles

Description – Displays the total number of women enrolled in Limited Care for Pregnant Women aid categories eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Limited Care for Pregnant Women – To Date Totals – Recipients

Description – Displays the total number of women enrolled in Limited Care for Pregnant Women aid categories for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_SOBRA_DEFRA_ACTIVITY

Menu – M_MAR_OPTIONS

Data Window – DW_SOBRA_DEFRA_ACTIVITY

System Features

Click **Wards Activity** to display a window titled Recipient Wards Activity. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **AFDC-UP Activity** to display a window titled Recipient AFDC-UP Activity. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **FQHC Activity** to display a window titled Recipient FQHC Activity. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **Exit** from the window to return to the Recipient Sobra/Defra Activity window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Recipient Sobra/Defra Activity window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 4: Recipient Wards Activity Window

Introduction

To bring up the Recipient Wards Activity window, click **Recipient** in the main command bar and a drop-down menu appears. Click **Activity**, and a slide-out menu appears. Click **Wards** and Recipient Wards Activity appears. Access the following windows from this point:

- Recipient Sobra/Defra Activity
- Recipient AFDC-UP Activity
- Recipient FQHC Activity

The following fields are menu options:

- Program Code
- Reporting Period

The Recipient Wards Activity window is part of the recipient activity series, and provides statistical data on recipients eligible for services under wards classifications and their participation in selected programs. Wards are considered ICES aid categories MA 3 and MA 3P. An indicator separates CHINS and Delinquents on the eligibility file reported by ICES.

Recipient Wards Activity (WM56-03R)

File Edit

Program Code ALL

Reporting Period September 1996

☒ Current Month Only
☐ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

☐ Eligibles on Year To Date

	Allowed	Expenditures	Eligibles	Recipients	Allowed	Expenditure
Chins						
Delinquents						
Total						

Sobra/Defra Activity

AFDC-UP Activity

FQHC Activity

Select Exit

Figure 4.1 – Recipient Wards Activity Window

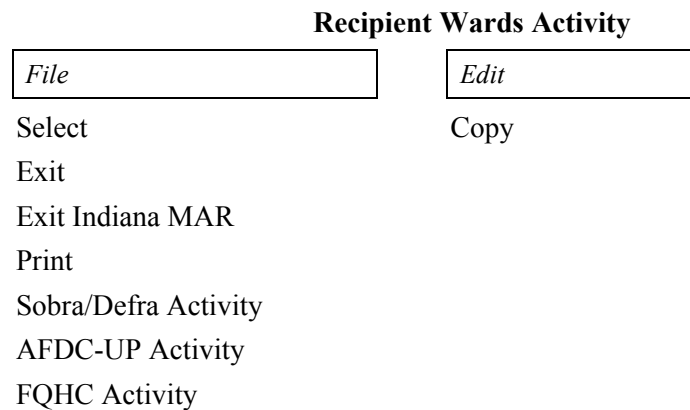


Figure 4.2 – Recipient Wards Activity Menu Tree

Figure 4.2 is an illustration of the menu tree for the Recipient Wards Activity window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Recipient Wards Activity window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Sobra/Defra Activity – Displays a window titled Recipient Sobra/Defra Activity.

AFDC-UP Activity – Displays a window titled Recipient AFDC-UP Activity.

FQHC Activity – Displays a window titled Recipient FQHC Activity.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Reporting Period

Description – Indicates that the data reported is from claims finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year-to-date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

Current Month Only

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Eligibles on Year To Date

Description – Selection box decreases clocking time on window by opting not to have eligibility counts on year to date section.

Format – Alphanumeric description

Features – Selection box

Valid values:

X (click on – indicates "include year to date eligibility counts")

Blank (click off – indicates "do not include year to date eligibility counts")

Field Name: CHINS – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for Children In Need of Services in the Wards aid category.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: CHINS – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for Children In Need of Services in the Wards aid category.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: CHINS – Eligibles

Description – Displays the total number of Children In Need of Services enrolled in Wards aid categories eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: CHINS – Recipients

Description – Displays the total number of Children In Need of Services enrolled in Wards aid categories for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: CHINS – To Date Totals –Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for Children In Need of Services enrolled in Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: CHINS – To Date Totals –Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for Children In Need of Services enrolled in Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: CHINS – To Date Totals – Eligibles

Description – Displays the total number of Children In Need of Services enrolled in Wards aid categories eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: CHINS – To Date Totals – Recipients

Description – Displays the total number of Children In Need of Services enrolled in Wards aid categories for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Delinquents – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for eligible delinquents in the Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Delinquents – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for eligible delinquents in the Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Delinquents – Eligibles

Description – Displays the total number of delinquents enrolled in the Wards aid categories eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Delinquents – Recipients

Description – Displays the total number of delinquents enrolled in the Wards aid categories for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Delinquents – To Date Totals –Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for delinquents enrolled in the Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Delinquents – To Date Totals –Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for delinquents enrolled in the Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Delinquents – To Date Totals – Eligibles

Description – Displays the total number of delinquents enrolled in the Wards aid categories eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Delinquents – To Date Totals – Recipients

Description – Displays the total number of delinquents enrolled in the Wards aid categories for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for all eligible persons in Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for all eligible persons in Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – Eligibles

Description – Displays the total number of persons enrolled in Wards aid categories eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – Recipients

Description – Displays the total number of persons enrolled in Wards aid categories for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – To Date Totals – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for all persons enrolled in Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – To Date Totals – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for all persons enrolled in Wards aid categories.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – To Date Totals – Eligibles

Description – Displays the total number of persons enrolled in Wards aid categories eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – To Date Totals – Recipients

Description – Displays the total number of persons enrolled in Wards aid categories for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_WARDS_ACTIVITY

Menu – M_MAR_OPTIONS

Data Window – DW_WARDS_ACTIVITY

System Features

Click **Sobra/Defra Activity** to display a window titled Recipient Sobra/Defra Activity. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **AFDC-UP Activity** to display a window titled Recipient AFDC-UP Activity. All menu selections made in the primary window carry forward to this window.

Click **FQHC Activity** to display a window titled Recipient FQHC Activity. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Recipient Sobra/Defra Activity window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Recipient Sobra/Defra Activity window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 5: Recipient AFDC-UP Activity Window

Introduction

To bring up the Recipient AFDC-UP Activity window, click **Recipient** in the main command bar and a drop-down menu appears. Click **Activity** and a slide-out menu appears. Click **AFDC-UP** and Recipient AFDC-UP Activity appears. Access the following windows from this point:

- Recipient Sobra/Defra Activity
- Recipient Wards Activity
- Recipient FQHC Activity

The following fields are menu options:

- Program Code
- State Aid Category
- Reporting Period

The Recipient AFDC-UP Activity window, which is part of the recipient activity series, provides statistical data on recipients eligible for services under an unemployed parent classification of the AFDC child or adult aid categories, and their participation in selected programs. Recipients of ICES aid categories MA C, MA F, MA CP, MA FP, and MA HP are considered AFDC-UP recipients and are defined as by age as Child (newborn to 20 years old) or Adult (21 years old and older).

Recipient AFDC-UP Activity (WM56-04R)

File Edit

Program Code ALL

Reporting Period September 1996

☒ Current Month Only
☐ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

	Allowed	Expenditures	Eligibles	Recipients	Allowed	Expenditure
Children						
Adults						
TOTAL						

Sobra/Defra Activity

Wards Activity

FQHC Activity

Select Exit

Figure 5.1 – Recipient AFDC-UP Activity Window

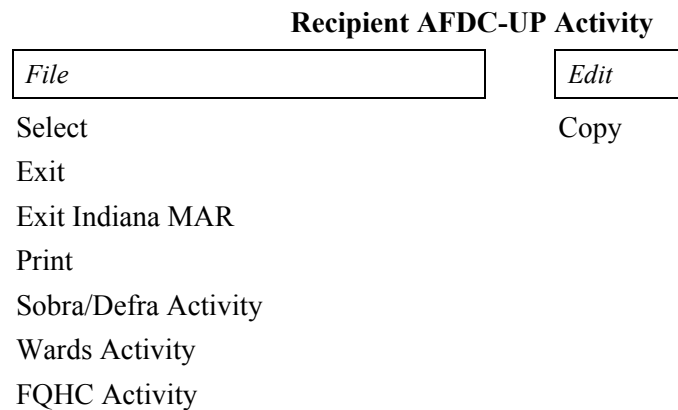


Figure 5.2 – Recipient AFDC-UP Activity Menu Tree

Figure 5.2 is an illustration of the menu tree for the Recipient AFDC-UP Activity window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Recipient AFDC-UP Activity window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: *File*

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Wards Activity – Displays a window titled Recipient Wards Activity.

Sobra/Defra Activity – Displays a window titled Recipient Sobra/Defra Activity.

FQHC Activity – Displays a window titled Recipient FQHC Activity.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates that the data reported is from claims finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

Current Month Only

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Children – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for children (under age 21) considered AFDC-UP eligibles.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Children – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for children (under age 21) considered AFDC-UP eligibles.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Children – Eligibles

Description – Displays the total number of eligible children (under age 21) enrolled in AFDC-UP for whom services paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Children – Recipients

Description – Displays the total number of eligible children (under age 21) enrolled in AFDC-UP for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Children – To Date Totals – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for eligible children (under age 21) enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Children – To Date Totals – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for eligible children (under age 21) enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Children – To Date Totals – Eligibles

Description – Displays the total number of children (under age 21) considered AFDC-UP enrollees eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Children – To Date Totals – Recipients

Description – Displays the total number of children (under age 21) considered AFDC-UP enrollees for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Adults – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for eligible adults (over age 21) enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Adults – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for eligible adults (over age 21) enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Adults – Eligibles

Description – Displays the total number of adults (over age 21) enrolled in AFDC-UP eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adults – Recipients

Description – Displays the total number of eligible adults (over age 21) enrolled in AFDC-UP for whom services paid during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Adults – To Date Totals – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for eligible adults (over age 21) enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Adults – To Date Totals – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for eligible adults (over age 21) enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Adults – To Date Totals – Eligibles

Description – Displays the total number number of adults (over age 21) enrolled in AFDC-UP eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Adults – To Date Totals – Recipients

Description – Displays the total number of eligible adults (over age 21) enrolled in AFDC-UP for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period for eligible adults and children enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period for eligible adults and children enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – Eligibles

Description – Displays the total number of adults and children enrolled in AFDC-UP eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – Recipients

Description – Displays the total number of eligible adults and children enrolled in AFDC-UP for whom services paid during the reporting

period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – To Date Totals – Allowed

Description – Displays the dollar amount allowed for claims paid during the reporting period year-to-date value for eligible adults and children enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – To Date Totals – Expenditures

Description – Displays the dollar amount paid for claims paid during the reporting period year-to-date value for eligible adults and children enrolled in AFDC-UP.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total – To Date Totals – Eligibles

Description – Displays the total number of adults and children enrolled in AFDC-UP eligible for services during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Total – To Date Totals – Recipients

Description – Displays the total number of eligible adults and children enrolled in AFDC-UP for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_AFDC_UP_ACTIVITY

Menu – M_MAR_OPTIONS

Data Window – DW_AFDC_UP_ACTIVITY

System Features

Click **Sobra/Defra Activity** to display a window titled Recipient Sobra/Defra Activity. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **Wards Activity** to display a window titled Recipient Wards Activity. All menu selections made in the primary window carry forward to this window.

Click **FQHC Activity** to display a window titled Recipient FQHC Activity. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Recipient AFDC-UP Activity window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Recipient AFDC-UP Activity window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 6: Recipient FQHC Activity Window

Introduction

To bring up the Recipient FQHC Activity window, click **Recipient** in the main command bar and a drop-down menu appears. Click **Activity** and a slide-out menu appears. Click **FQHC** and Recipient FQHC Activity appears. Access the following windows from this point:

- Recipient Sobra/Defra Activity
- Recipient Wards Activity
- Recipient AFDC-UP Activity

The following fields are menu options:

- Program Code
- State Aid Category
- Reporting Period

The Recipient FQHC Activity window displays an analysis of recipient use of federally qualified health center facilities based on the general types of services.

Recipient FQHC Activity (WM56-05R)

File Edit

Program Code ALL
State Aid Category ALL
Reporting Period September 1996

☒ **State Fiscal YTD**
☐ **Federal Fiscal YTD**
☐ **Calendar YTD**

	<u>Monthly</u>	<u>To Date Totals</u>
FQHC Expenditure	<input type="text"/>	<input type="text"/>
Care Coordination Expenditure	<input type="text"/>	<input type="text"/>
Health Watch Expenditure	<input type="text"/>	<input type="text"/>

Sobra/Defra Activity
Wards Activity
AFDC-UP Activity

Figure 6.1 – Recipient FQHC Activity Window

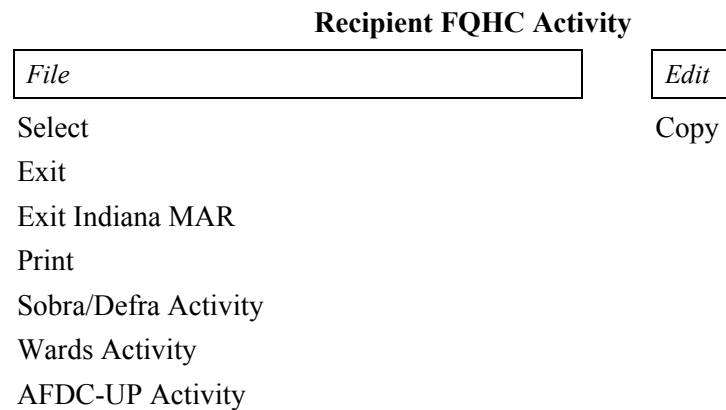


Figure 6.2 – Recipient FQHC Activity Menu Tree

Figure 6.2 is an illustration of the menu tree for the Recipient FQHC Activity window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Recipient FQHC Activity window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Wards Activity – Displays a window titled Recipient Wards Activity.

Sobra/Defra Activity – Displays a window titled Recipient Sobra/Defra Activity.

AFDC-UP Activity – Displays a window titled Recipient AFDC-UP Activity.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates that the data reported is from claims finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: FQHC Expenditure – Monthly

Description – Displays the total dollars allowed for FQHC services for claims finalized during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Care Coordination Expenditure – Monthly

Description – Displays the total dollars allowed for Care Coordination services for FQHC claims finalized during the reporting period. Care coordination procedure codes included are Z5900, Z5901, Z5902, Z5490, Z5590, Z5690, and Z5890.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Health Watch Expenditure – Monthly

Description – Displays the total dollars allowed for Health Watch (EPSDT) services for FQHC claims finalized during the reporting period. Healthwatch services are procedure codes 99384 through 99385, 99391 through 99395, 92551, 90700 through 90702, 90707, 90712, 90713, 90720, 90737, 36415, 81000, 83655, 85013, 85014, 85018, 85660, 86580, 99000, 99001, W6511, W6512, X3068, and X3067 when billed for a recipient under age 21 with a primary diagnosis of V20.2.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: FQHC Expenditure – To Date Totals

Description – Displays the total dollars allowed for FQHC services for claims finalized during the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Care Coordination Expenditure – To Date Totals

Description – Displays the total dollars allowed for Care Coordination services for claims finalized during the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Health Watch Expenditure – To Date Totals

Description – Displays the total dollars allowed for Health Watch (EPSDT) services for claims finalized during the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_FQHC_ACTIVITY

Menu – M_MAR_OPTIONS

Data Window – DW_FQHC_ACTIVITY

System Features

Click **Sobra/Defra Activity** to display a window titled Recipient Sobra/Defra Activity. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **Wards Activity** to display a window titled Recipient Wards Activity. All menu selections made in the primary window carry forward to this window.

Click **AFDC-UP Activity** to display a window titled Recipient AFDC-UP Activity. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Recipient FQHC Activity window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Recipient FQHC Activity window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 7: Recipient Copayment Window

Introduction

To bring up the Recipient Copayment window, click **Recipient** in the main command bar and a drop-down menu appears. Click **Copayment** and the Recipient Copayment window displays.

The following fields are menu options:

- Program Code
- Reporting Period

The Recipient Copayment window provides a method of tracking the counts of and the state funds saved as a result of copayment policies.

The screenshot shows the 'Recipient Copayment' window with a menu bar (File, Edit) and several filter options. The 'Program Code' is set to 'ALL' and the 'Reporting Period' is 'September 1996'. There are three radio button groups for selection: 'State Fiscal YTD' (selected), 'Federal Fiscal YTD', and 'Calendar YTD'; 'All Types' (selected), 'Pharmacy', 'Emergency Room Non Emergency Services', and 'Transportation'.

Aid Category	Number Of Claims	Copay Collected	To Date Number Of Claims	To Date Copay Collected
Totals:	0	\$0.00	0	\$0.00

At the bottom of the window are 'Select' and 'Exit' buttons.

Figure 7.1 – Recipient Copayment Window

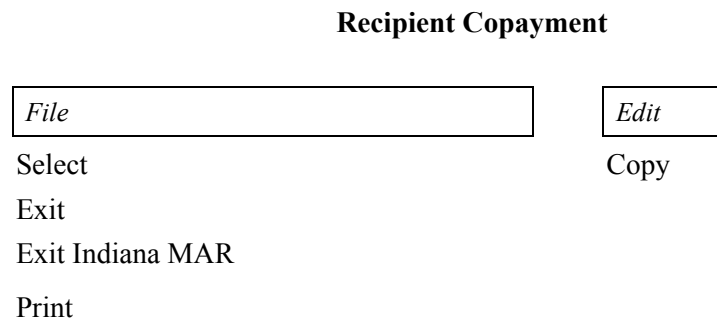


Figure 7.2 – Recipient Copayment Menu Tree

Figure 7.2 is an illustration of the menu tree for the Recipient Copayment window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Recipient Copayment window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Service Type – Select

Description – Indicates the types of services for which providers collect copayments from recipients. Data fields display information calculated for the paid claims billing the selected type of service.

Format – Alphanumeric description

Features – Select value in box

Valid values:

All Types

Pharmacy

Emergency Room Non Emergency Services

Transportation

Field Name: Aid Category

Description – Displays the state aid categories.

Format – Alphanumeric description

Features – Protected – display only

Refer to *Appendix G* for valid values.

Field Name: Number of Claims

Description – Displays the number of claims finalized during the reporting period with copayment deducted from the total allowed amount.

Format – 99,999,999

Features – Protected – display only

Field Name: Copay Offset

Description – Displays the copayment amount deducted from the total allowed for claims finalized during the reporting period that met the criteria set for copayment deduction.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Year To Date – Number

Description – Displays the number of claims finalized during the reporting period year-to-date value with copayment deducted from the total allowed amount.

Format – 99,999,999

Features – Protected – display only

Field Name: Year To Date – Amount

Description – Displays the copayment amount deducted from the total allowed for claims finalized during the reporting period that met the criteria set for copayment deduction.

Format – \$9,999,999,999.99.

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_RECIP_COPAY

Menu – M_MAR_OPTIONS

Data Window – DW_RECIP_COPAY

System Features

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Recipient Copayment window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 8: Care Coordination for Pregnant Women Window

Introduction

To bring up the Care Coordination for Pregnant Women window, click **Recipient** in the main command bar and a drop-down menu appears. Click **Care Coordination** and the Care Coordination for Pregnant Women window displays.

The following fields are menu options:

- Program Code
- County
- Reporting Period

The Care Coordination for Pregnant Women window displays statistical information about services rendered to pregnant women. Data is gathered from claims paid during the reporting period for case management services, procedure codes Z5900, Z5901, Z5902, Z5490, Z5590, Z5690, and Z5890, which only can be billed for services rendered to pregnant women.

Care Coordination for Pregnant Women (WM56-08R)		
File Edit		
Program Code	ALL	<input checked="" type="radio"/> State Fiscal YTD
County	ALL	<input type="radio"/> Federal Fiscal YTD
Reporting Period	September 1996	<input type="radio"/> Calendar YTD
	Monthly	To Date
Total Expenditures		
Care Coordination		
Other Providers		
Assessments		
Re-assessments		
Newborn/Outcomes		
Transportation		
Unduplicated Recipients		
<input type="button" value="Select"/> <input type="button" value="Exit"/>		

Figure 8.1 – Care Coordination for Pregnant Women Window

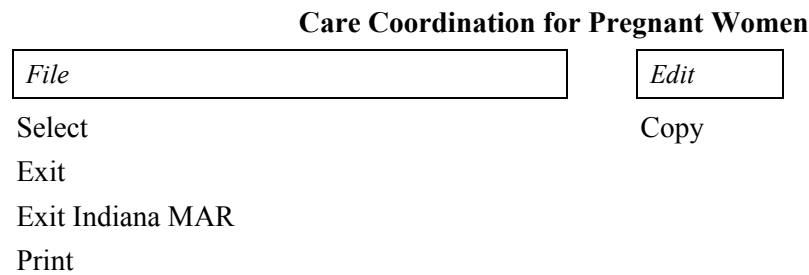


Figure 8.2 – Care Coordination for Pregnant Women Menu Tree

Figure 8.2 is an illustration of the menu tree for the Care Coordination for Pregnant Women window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Care Coordination for Pregnant Women window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

Click the command or window option title.

Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: County

Description – Indicates the county where the provider rendered service. The county is the service location of the provider as it appears on the provider file in the system.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix R* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Total Expenditures – Monthly

Description – Displays the dollar amount allowed for all claims paid during the reporting period for services rendered to pregnant women. This includes procedure codes Z5900, Z5901, Z5902, Z5490, Z5590, Z5690, and Z5890.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Care Coordination – Monthly

Description – Displays the dollar amount allowed for paid claims for the services of care coordination rendered to pregnant women. This includes procedure codes Z5900, Z5901, and Z5902 billed by provider type 21 and specialty 210.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Other Providers – Monthly

Description – Displays the dollar amount allowed for claims paid during the reporting period for services other than care coordination rendered to pregnant women. This includes procedure codes: Z5900, Z5901, and Z5902 billed by any provider type excepting provider specialty 210.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Assessments – Monthly

Description – Displays the dollar amount allowed for assessments, procedure code Z5900, rendered to pregnant women, for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Reassessments – Monthly

Description – Displays the dollar amount allowed for reassessments, procedure code Z5901, rendered to pregnant women, for claims paid during the reporting period.

Format – \$9,999,999,999.99.

Features – Protected – display only

Field Name: Newborn/Outcomes – Monthly

Description – Displays the dollar amount allowed for newborn/outcome services, procedure code Z5902, rendered to pregnant women, for claims paid during the reporting period.

Format – \$9,999,999,999.99.

Features – Protected – display only

Field Name: Transportation – Monthly

Description – Displays the dollar amount allowed for transportation services (procedure codes Z5490, Z5590, Z5690 and Z5890) rendered to pregnant women for claims paid during the reporting period.

Format – \$9,999,999,999.99.

Features – Protected – display only

Field Name: Unduplicated Recipients – Monthly

Description – Displays a unique count of the participating eligibles for all services listed above. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Expenditures – To Date

Description – Displays the dollar amount allowed for all claims paid during the year-to-date value for services rendered to pregnant women. This includes procedure codes Z5900, Z5901, Z5902, Z5490, Z5590, Z5690, and Z5890.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Care Coordination – To Date

Description – Displays the dollar amount allowed for claims paid during the year-to-date value for the services of care coordination rendered to pregnant women. This includes procedure codes Z5900, Z5901, and Z5902 billed by provider type 21 and specialty 210.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Other Providers – To Date

Description – Displays the dollar amount allowed for claims paid during the year-to-date value for services other than care coordination

rendered to pregnant women. This includes procedure codes: Z5900, Z5901, and Z5902 billed by any provider type excepting provider specialty 210.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Assessments – To Date

Description – Displays the dollar amount allowed for assessments, procedure code Z5900, rendered to pregnant women, for claims paid during the year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Reassessments – To Date

Description – Displays the dollar amount allowed for reassessments, procedure code Z5901, rendered to pregnant women, for claims paid during the year-to-date value.

Format – \$9,999,999,999.99.

Features – Protected – display only

Field Name: Newborn/Outcomes – To Date

Description – Displays the dollar amount allowed for newborn/outcome services, procedure code Z5902, rendered to pregnant women, for claims paid during the year-to-date value.

Format – \$9,999,999,999.99.

Features – Protected – display only

Field Name: Transportation – To Date

Description – Displays the dollar amount allowed for transportation services, procedure codes Z5490, Z5590, Z5690, and Z5890, rendered to pregnant women, for claims paid during the year-to-date value.

Format – \$9,999,999,999.99.

Features – Protected – display only

Field Name: Unduplicated Recipients – To Date

Description – Displays a unique count of the participating eligibles for all services listed above. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR03.PBL

Window – W_CARE_COORD

Menu – M_MAR_OPTIONS

Data Window – DW_CARE_COORD

System Features

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Care Coordination for Pregnant Women window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 9: Claims Processing Throughput Analysis – Receipt to Paid Window

Introduction

To bring up the Claims Processing Throughput Analysis – Receipt to Paid window, click **Ops** in the main command bar and a drop-down menu appears. Click **Throughput Analysis** and a slide-out menu appears. Click **Throughput – Receipt to Paid** and Claims Processing Throughput Analysis – Receipt to Paid appears.

The following fields are menu options:

- Program Code
- Claim Type
- Region
- Reporting Period

The Claims Processing Throughput Analysis – Receipt to Paid window provides a method for analyzing trends in claims processing time statistics, from the receipt of a claim from a provider to the paid date of the claim. Days elapsed in processing time within the system value do not include the days any claim has spent in locations 40 – CCF suspense, 43 – FSSA suspense, and 44 – CSHCS suspense. When a claim is suspended in locations 40, 43 or 44, no days elapsed count and upon the claim's removal from any of these locations, the days elapsed in processing begin to count again.

Claims Processing Throughput Analysis - Receipt to Paid (WM38-08R)

File Edit

Program Code ALL

Claim Type ALL

Region ALL

Reporting Period September 1996

Provider Type	Total Claims	7 Days	14 Days	21 Days	30 Days	60 Days	9
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Select Exit

Figure 9.1 – Claims Processing Throughput Analysis – Receipt to Paid Window

Claims Processing Throughput Analysis - Receipt to Paid [WM38-08R]								
File Edit								
Program Code	ALL							
Claim Type	ALL							
Region	ALL							
Reporting Period	September 1996							
al	7 Days	14 Days	21 Days	30 Days	60 Days	90 Days	Over 90 Days	Average Days to Paid
ms								
<div> <div>Select</div> <div>Exit</div> </div>								

Figure 9.2 – Claims Processing Throughput Analysis – Receipt to Paid Window Continued

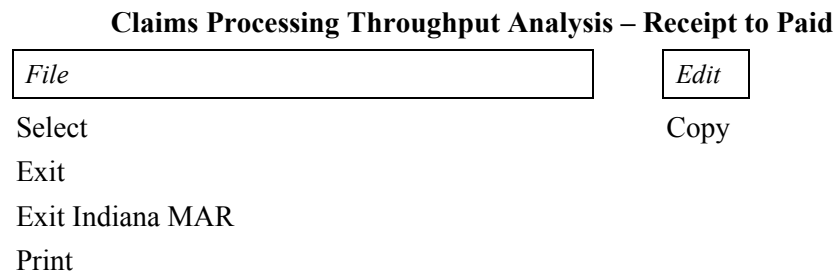


Figure 9.3 – Claims Processing Throughput Analysis – Receipt to Paid Menu Tree

Figure 9.3 is an illustration of the menu tree for the Claims Processing Throughput Analysis – Receipt to Paid window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claims Processing Throughput Analysis – Receipt to Paid window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Claim Type

Description – Indicates the type of bill processed by the system.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix K* for valid values.

Field Name: Region

Description – Indicates the category assigned to a service billed on a claim.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix Z* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider Type

Description – Displays any provider type for which at least one claim finalized during the reporting period that matches the criteria selected in header menu.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims

Description – Displays the total number of claims finalized during the reporting period for the provider type displayed.

Format – 99,999,999

Features – Protected – display only

Field Name: 7 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between 0 and seven days.

Format – 99,999,999

Features – Protected – display only

Field Name: 14 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between eight and 14 days.

Format – 99,999,999

Features – Protected – display only

Field Name: 21 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between 15 and 21 days.

Format – 99,999,999

Features – Protected – display only

Field Name: 30 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between 22 and 30 days.

Format – 99,999,999

Features – Protected – display only

Field Name: 60 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between 31 and 60 days.

Format – 99,999,999

Features – Protected – display only

Field Name: 90 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between 61 and 90 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Over 90 Days

Description – Displays the finalized claims for which the number days from the Julian date of the claim's ICN to the paid date is more than 90 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Paid

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to the paid date for all finalized claims for the provider type.

Format – 9,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_381_OPS_THRU_PUT_ANLY_PAID

Menu – M_MAR_OPTIONS

Data Window – DW_381_OPS_THRU_PUT_ANLY_PAID

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit from the Claims Processing Throughput Analysis – Receipt to Paid window and return to any open window or to the Indiana MAR menu bar if no other

windows are open. Menu selections do not save when the primary window is closed.

Section 10: Claims Processing Throughput Analysis – Receipt to Adjudication Window

Introduction

To bring up the Claims Processing Throughput Analysis – Receipt to Adjudication window, click **Ops** in the main command bar and a drop-down menu appears. Click **Throughput Analysis** and a slide-out menu appears. Click **Throughput – Receipt to Adjudication** and Claims Processing Throughput Analysis – Receipt to Adjudication appears.

The following fields are menu options:

- Program Code
- Claim Type
- Region
- Reporting Period

The Claims Processing Throughput Analysis – Receipt to Adjudication window provides a method of analyzing trends in claims processing time, from the receipt of a claim from a provider to the date of adjudication, which is the date a claim is moved to location 98 or 66. Days elapsed in processing time within the system value do not include the days any claim has spent in locations 40 – CCF suspense, 43 – FSSA suspense, and 44 – CSHCS suspense. When a claim is suspended in locations 40, 43, or 44, no days elapsed count and upon the claim's removal from any of these locations, the days elapsed in processing begin to count again.

Claims Processing Throughput Analysis - Receipt to Adjudication [W38-01R]

File Edit

Program Code ALL

Claim Type ALL

Region ALL

Reporting Period September 1996

Provider Type	Total Claims	2 Days	4 Days	7 Days	14 Days	21

Select Exit

Figure 10.1 – Claims Processing Throughput Analysis – Receipt to Adjudication Window

Claims Processing Throughput Analysis - Receipt to Adjudication [W38-01R]

File Edit

Program Code ALL

Claim Type ALL

Region ALL

Reporting Period September 1996

4 Days	7 Days	14 Days	21 Days	30 Days	60 Days	Over 60 Days	Average Days to Adjudication

Select Exit

Figure 10.2 – Claims Processing Throughput Analysis – Receipt to Adjudication Window Continued

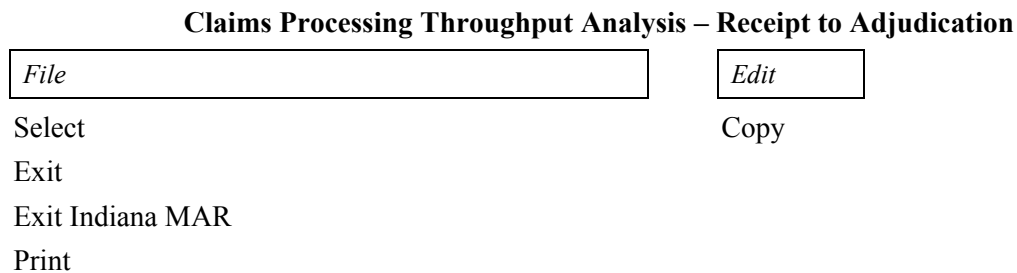


Figure 10.3 – Claims Processing Throughput Analysis – Receipt to Adjudication Menu Tree

Figure 10.3 is an illustration of the menu tree for the Claims Processing Throughput Analysis – Receipt to Adjudication window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claims Processing Throughput Analysis – Receipt to Adjudication window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Claim Type

Description – Indicates the type of bill processed by the system.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix K* for valid values.

Field Name: Region

Description – Indicates the category assigned to a service billed on a claim.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix Z* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider Type

Description – Displays any provider type for which at least one claim finalized during the reporting period that matches the criteria selected in header menu.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims

Description – Displays the total number of claims processed to adjudication during the reporting period for the provider type displayed.

Format – 99,999,999

Features – Protected – display only

Field Name: 2 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between zero and two days.

Format – 99,999,999

Features – Protected – display only

Field Name: 4 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between three and four days.

Format – 99,999,999

Features – Protected – display only

Field Name: 7 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between five and seven days.

Format – 99,999,999

Features – Protected – display only

Field Name: 14 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between eight and 14 days.

Format – 99,999,999

Features – Protected – display only

Field Name: 21 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between 15 and 21 days.

Format – 99,999,999

Features – Protected – display only

Field Name: 30 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between 22 and 30 days.

Format – 99,999,999

Features – Protected – display only

Field Name: 60 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is between 31 and 60 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Over 60 Days

Description – Displays the finalized claims for which the time elapsed from the Julian date of the claim's ICN to the paid date is more than 60 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Paid

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to the Paid Date for all finalized claims for the provider type.

Format – 9,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_381_OPS_THRU_PUT_ANLY_ADJ

Menu – M_MAR_OPTIONS

Data Window – DW_381_OPS_THRU_PUT_ANLY_ADJ

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit from the Claims Processing Throughput Analysis – Receipt to Adjudication window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 11: Operational Performance Summary Window

Introduction

To bring up the Operational Performance Summary window, click **Ops** in the main command bar and a drop-down menu appears. Click **Operational Performance** and a slide-out menu appears. Click **Operations by Program Code** and COS and Operational Performance Summary appears. Access the following windows from this point:

- Operational Performance Summary – Dollars
- Operational Performance Summary – Averages and Percents
- Operational Performance Summary – Provider

The following fields are menu options:

- Program Code
- Category of Service
- Reporting Period

The Operational Performance Summary provides an overview of claim processing results for current and historical time periods. Data is gathered for all claim types, including adjustments, for paid, denied and suspended claims.

Operational Performance Summary (WM48-07R)					
File Edit					
Program Code	ALL			<input checked="" type="radio"/> State Fiscal YTD <input type="radio"/> Federal Fiscal YTD <input type="radio"/> Calendar YTD	
Category of Service	ALL				
Reporting Period	September 1996				
	This Month	Same Mo. Last Year	Last Six Mo. Avg.	I----- To Date -----I Current	----- Previous
Total Claims Processed					
Claims Paid					
Claims Denied					
Claims Suspended					
Claims Suspended CCF					
Adjustment Claims Paid					
Adjustment Claims Denied					
Amount Billed in Suspense					
<div>Dollar Value</div> <div>Percentages / Averages</div> <div>Provider Operational Summary</div> <div>Select Exit</div>					

Figure 11.1 – Operational Performance Summary Window

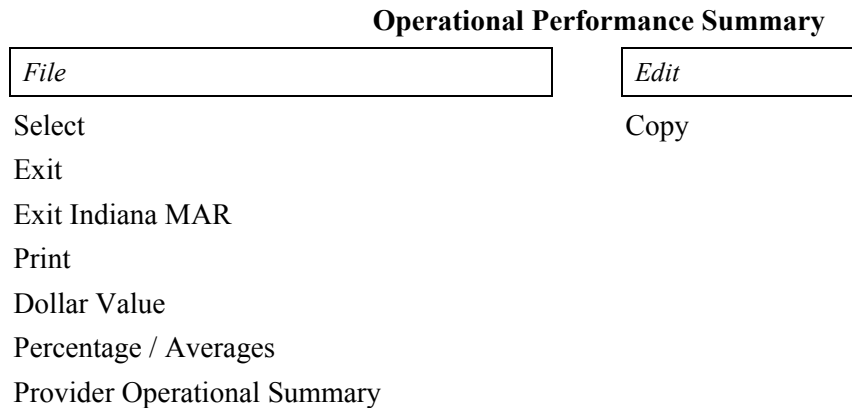


Figure 11.2 – Operational Performance Summary Menu Tree

Figure 11.2 is an illustration of the menu tree for the Operational Performance Summary window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Operational Performance Summary window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Dollar Value – Displays a window titled Operational Performance Summary – Dollars.

Percentages/Averages – Displays a window titled Operational Performance Summary – Averages and Percents.

Provider Operational Performance – Displays a window titled Operational Performance Summary – Provider.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level

summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Total Claims Processed – This Month

Description – Displays the number of claims processed through the system. The counts include new claims received during the month of the reporting period and claims in the claims suspense file at the end of the month.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – This Month

Description – Displays the total number of claims finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – This Month

Description – Displays the total number of claims denied for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – This Month

Description – Displays the number of claims remaining in the suspense file at the close of the reporting period, not including those in location 40 – CCF suspense.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – This Month

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – This Month

Description – Displays the total number of adjustment claims finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – This Month

Description – Displays the number of adjustment claims denied for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – This Month

Description – Displays the total dollars billed for claims remaining in the suspense file, including those in CCF suspense location 40, at the close of the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Claims Processed – Same Month Last Year

Description – Displays the number of claims processed through the system. The counts include new claims received during the month of the reporting period for the previous year and claims in the claims suspense file at the end of the month.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – Same Month Last Year

Description – Displays the total number of claims finalized for payment during the month of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – Same Month Last Year

Description – Displays the total number of claims denied for payment during the month of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – Same Month Last Year

Description – Displays the number of claims remaining in the suspense file at the close of the reporting period for the previous year, not including those in location 40 – CCF suspense.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – Same Month Last Year

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – Same Month Last Year

Description – Displays the total number of adjustment claims finalized for payment during the month of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – Same Month Last Year

Description – Displays the number of adjustment claims denied for payment during the month of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – Same Month Last Year

Description – Displays the total dollars billed for claims remaining in the suspense file at the close of the reporting period for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Claims Processed – Last Six Month Average

Description – Displays the number of claims processed through the system. The counts include new claims received as an average per month of the six months immediately prior to the reporting period and claims in the claims suspense file at the end of the month.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – Last Six Month Average

Description – Displays the total number of claims finalized for payment as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – Last Six Month Average

Description – Displays the total number of claims denied for payment as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – Last Six Month Average

Description – Displays the number of claims remaining in the suspense file at the close of the month, not including those in location

40 – CCF suspense as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – Last Six Month Average

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the month, as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – Last Six Month Average

Description – Displays the total number of adjustment claims finalized for payment as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – Last Six Month Average

Description – Displays the number of adjustment claims denied for payment as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – Last Six Month Average

Description – Displays the total dollars billed for claims remaining in the suspense file at the close of the month, as an average per month of the six months immediately prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Claims Processed – To Date – Current

Description – Displays the number of claims processed through the system. The counts include new claims received during the reporting period year-to-date value and claims in the claims suspense file at the end of the month.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – To Date – Current

Description – Displays the total number of claims finalized for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – To Date – Current

Description – Displays the total number of claims denied for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – To Date – Current

Description – Displays the number of claims remaining in the suspense file at the close of the reporting period not including those in location 40 – CCF suspense.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – To Date – Current

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – To Date – Current

Description – Displays the total number of adjustment claims finalized for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – To Date – Current

Description – Displays the number of adjustment claims denied for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – To Date – Current

Description – Displays the total dollars billed for claims remaining in the suspense file at the close of the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Claims Processed – To Date – Previous

Description – Displays the number of claims processed through the system. The counts include new claims received during the reporting period year-to-date value for the previous year and claims in the claims suspense file at the end of the period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – To Date – Previous

Description – Displays the total number of claims finalized for payment during the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – To Date – Previous

Description – Displays the total number of claims denied for payment during the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – To Date – Previous

Description – Displays the number of claims remaining in the suspense file at the close of the reporting period year-to-date value for the previous year, not including those in location 40 – CCF suspense.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – To Date – Previous

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – To Date – Previous

Description – Displays the total number of adjustment claims finalized for payment during the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – To Date – Previous

Description – Displays the number of adjustment claims denied for payment during the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – To Date – Previous

Description – Displays the total dollars billed for claims remaining in the suspense file at the close of the reporting period year-to-date value for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_486_OPS_SUM_FUND_SRC_COS

Menu – M_MAR_OPTIONS

Data Window – DW_486_OPS_SUM_FUND_SRC_COS

System Features

Click **Dollar Value** to display a window titled Operational Performance Summary – Dollars. All menu selections made in the primary window carry forward to this window.

Click **Percentages/Averages** to display a window titled Operational Performance Summary – Averages and Percents. All menu selections made in the primary window carry forward to this window.

Click **Provider Operational Summary** to display a window titled Operational Performance Summary – Provider. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **Exit** from the window to return to the Operational Performance Summary window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Operational Performance Summary window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 12: Operational Performance Summary – Provider Window

Introduction

To bring up the Operational Performance Summary – Provider window, click **Ops** in the main command bar and a drop-down menu appears. Click **Operational Performance** and a slide-out menu appears. Click **Operations by Provider** and Operational Performance Summary – Provider appears. Access the following windows from this point:

- Operational Performance Summary – Dollars
- Operational Performance Summary – Averages and Percents
- Operational Performance Summary

The following fields are menu options:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

The Operational Performance Summary – Provider window displays information similar to that in the Operational Performance Summary window. However, the data is arranged by provider type and specialty to facilitate comparison between like provider groupings. Data is gathered for all claim types, including adjustments, for paid, denied and suspended claims.

Operational Performance Summary - Provider [WM48-07R]

File Edit

Program Code ALL

Provider Type ALL

Provider Specialty ALL

Reporting Period September 1996

☒ State Fiscal YTD

☐ Federal Fiscal YTD

☐ Calendar YTD

	This Month	Same Mo. Last Year	Last Six Mo. Avg.	----- To Date ----- Current Previous
Total Claims Processed				
Claims Paid				
Claims Denied				
Claims Suspended				
Claims Suspended CCF				
Adjustment Claims Paid				
Adjustment Claims Denied				
Amount Billed in Suspense				

Dollar Values

Percentages / Averages

Operational Performance Summary

Select

Exit

Figure 12.1– Operational Performance Summary – Provider Window

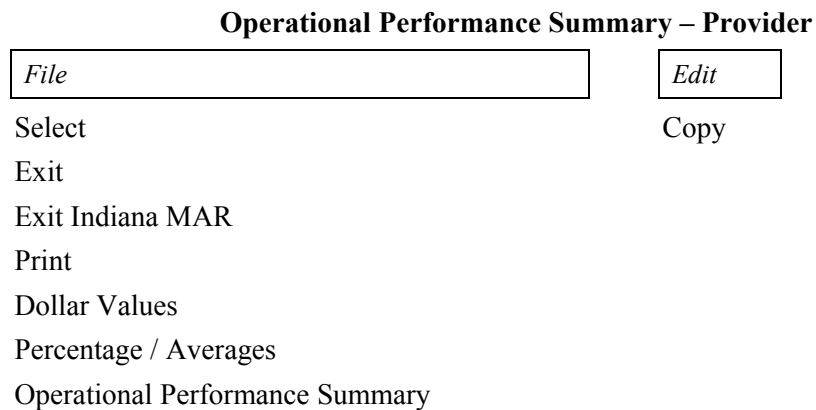


Figure 12.2 – Operation Performance Summary Menu Tree

Figure 12.2 is an illustration of the menu tree for the Operational Performance Summary – Provider window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Operational Performance Summary – Provider window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Dollar Value – Displays a window titled Operational Performance Summary – Dollars.

Percentages/Averages – Displays a window titled Operational Performance Summary – Averages and Percents.

Operational Performance Summary – Displays a window titled Operational Performance Summary

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix M* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Total Claims Processed – This Month

Description – Displays the number of claims processed through the system. The counts include new claims received during the reporting period and claims in the claims suspense file at the end of the month.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – This Month

Description – Displays the total number of claims finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – This Month

Description – Displays the total number of claims denied for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – This Month

Description – Displays the number of claims remaining in the suspense file at the close of the reporting period, not including those in location 40 – CCF suspense.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – This Month

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – This Month

Description – Displays the total number of adjustment claims finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – This Month

Description – Displays the number of adjustment claims denied for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – This Month

Description – Displays the total dollars billed for claims remaining in the suspense file, including those in location 40 – CCF suspense, at the close of the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Claims Processed – Same Month Last Year

Description – Displays the number of claims processed through the system. The counts include new claims received during the month of the reporting period for the previous year and claims in the claims suspense file at the end of the month.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – Same Month Last Year

Description – Displays the total number of claims finalized for payment during the month of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – Same Month Last Year

Description – Displays the total number of claims denied for payment during the month of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – Same Month Last Year

Description – Displays the number of claims remaining in the suspense file at the close of the reporting period for the previous year, not including those in location 40 – CCF suspense.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – Same Month Last Year

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – Same Month Last Year

Description – Displays the total number of adjustment claims finalized for payment during the month of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – Same Month Last Year

Description – Displays the number of adjustment claims denied for payment during the month of the reporting period for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – Same Month Last Year

Description – Displays the total dollars billed for claims remaining in the suspense file at the close of the reporting period for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Claims Processed – Last Six Month Average

Description – Displays the number of claims processed through the system. The counts include new claims received as an average per month of the six months immediately prior to the reporting period and claims in the claims suspense file at the end of the month.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – Last Six Month Average

Description – Displays the total number of claims finalized for payment as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – Last Six Month Average

Description – Displays the total number of claims denied for payment as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – Last Six Month Average

Description – Displays the number of claims remaining in the suspense file at the close of the month, not including those in location 40 – CCF suspense as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – Last Six Month Average

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the month, as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – Last Six Month Average

Description – Displays the total number of adjustment claims finalized for payment as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – Last Six Month Average

Description – Displays the number of adjustment claims denied for payment as an average per month of the six months immediately prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – Last Six Month Average

Description – Displays the total dollars billed for claims remaining in the suspense file at the close of the month, as an average per month of the six months immediately prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Claims Processed – To Date – Current

Description – Displays the number of claims processed through the system. The counts include new claims received during the reporting period year-to-date value and claims in the claims suspense file at the end of the month.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – To Date – Current

Description – Displays the total number of claims finalized for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – To Date – Current

Description – Displays the total number of claims denied for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – To Date – Current

Description – Displays the number of claims remaining in the suspense file at the close of the reporting period not including those in location 40 – CCF suspense.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – To Date – Current

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – To Date – Current

Description – Displays the total number of adjustment claims finalized for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – To Date – Current

Description – Displays the number of adjustment claims denied for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – To Date – Current

Description – Displays the total dollars billed for claims remaining in the suspense file at the close of the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Claims Processed – To Date – Previous

Description – Displays the number of claims processed through the system. The counts include new claims received during the reporting period year-to-date value for the previous year and claims in the claims suspense file at the end of the period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – To Date – Previous

Description – Displays the total number of claims finalized for payment during the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – To Date – Previous

Description – Displays the total number of claims denied for payment during the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended – To Date – Previous

Description – Displays the number of claims remaining in the suspense file at the close of the reporting period year-to-date value for the previous year, not including those in location 40 – CCF suspense.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Suspended CCF – To Date – Previous

Description – Displays the total number of claims remaining in location 40 – CCF suspense at the close of the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Paid – To Date – Previous

Description – Displays the total number of adjustment claims finalized for payment during the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Adjustment Claims Denied – To Date – Previous

Description – Displays the number of adjustment claims denied for payment during the reporting period year-to-date value for the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed in Suspense – To Date – Previous

Description – Displays the total dollars billed for claims remaining in the suspense file at the close of the reporting period year-to-date value for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_486_OPS_SUM_PT

Menu – M_MAR_OPTIONS

Data Window – DW_486_OPS_SUM_PT

System Features

Click **Dollar Value** to display a window titled Operational Performance Summary – Dollars. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **Percents/Averages** to display a window titled Operational Performance Summary – Averages and Percents. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **Operational Performance Summary** to display a window titled Operational Performance Summary. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **Exit** from the window to return to the Operational Performance Summary – Provider window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Operational Performance Summary – Provider window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 13: Operational Performance Summary – Averages and Percents Window

Introduction

To bring up the Operational Performance Summary – Averages and Percents window, click **Ops** in the main command bar and a drop-down menu appears. Click **Operational Performance** and a slide-out menu appears. Click **Operations by Averages and Percents** and Operational Performance Summary – Averages and Percents appears. Access the following windows from this point:

- Operational Performance Summary – Dollars
- Operational Performance Summary
- Operational Performance Summary – Provider

The following fields are menu options:

- Program Code
- Category of Service
- Reporting Period

The Operational Performance Summary – Averages and Percents window arranges operational data by common indicative averages and percentages. Data is gathered for all claim types, including adjustments, for paid and denied claims.

Operational Performance Summary - Avgs and Pcts [WM48-07R]

File Edit
▼

Program Code ALL ▼

Category of Service ALL ▼

Reporting Period September 1996 ▼

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

	This Month	Same Month Last Year	Six Month Average	----- To Date ----- Current Previous
Percent Paid				
Percent Adj. without Correction				
Percent Denied				
Percent Corrected				
Avg Days Serv Date to Entry Date				
Avg Days to Paid				
Avg Days to Adjudication				

Dollar Value

Operational Performance Summary

Provider Operational Summary

Select

Exit

Figure 13.1 – Operational Performance Summary – Averages and Percents Window

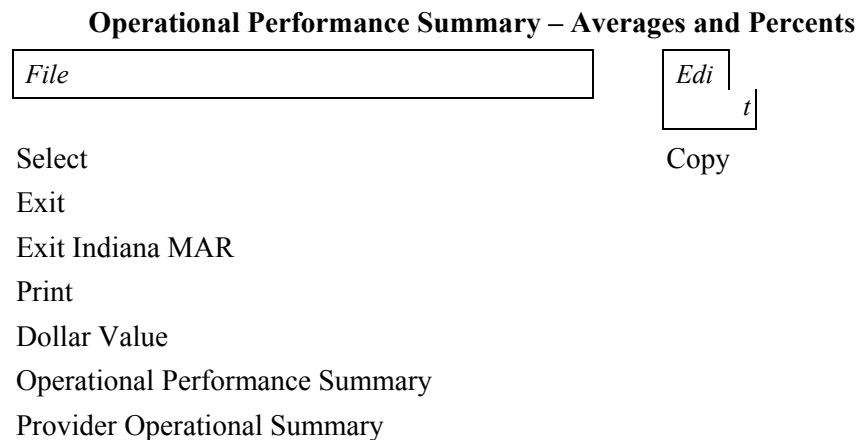


Figure 13.2 – Operational Performance Summary – Averages and Percents
Menu Tree

Figure 13.2 is an illustration of the menu tree for the Operational Performance Summary – Averages and Percents window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Operational Performance Summary – Averages and Percents window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: *File*

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Dollar Value – Displays a window titled Operational Performance Summary – Dollars.

Operational Performance Summary – Displays a window titled Operational Performance Summary.

Provider Operational Summary – Displays a window titled Operational Performance Summary – Provider.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level

summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Percent Paid – This Month

Description – Displays the number of claims processed for payment during the reporting period as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Adjud Without Correction– This Month

Description – Displays the total number of claims finalized that did not require correction during the reporting period, as a percentage of the total claim volume during the same period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Denied – This Month

Description – Displays the total number of claims denied during the reporting period as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Corrected – This Month

Description – Displays the number of claims that required error correction to finalize during the reporting period, as a percentage of the total claim volume for the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Days Service Date To Entry Date – This Month

Description – Displays an average of time elapsed from the date of service to the Julian date of the claim's ICN for claims finalized during the reporting period. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Paid – This Month

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to the paid date for claims finalized during the

reporting period. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Adjudication – This Month

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to date of adjudication for claims finalized during the reporting period. The average excludes crossover and adjustment claims. The average may not coincide with the Claims Processing Throughput Analysis average because of the difference in the data gathering. This reporting is by category of service, but the Throughput Analysis is by claim type.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Paid – Same Month Last Year

Description – Displays the number of claims processed for payment during the month of the reporting period for the previous year, as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Adjud Without Correction – Same Month Last Year

Description – Displays the total number of claims finalized that did not require correction during the month of the reporting period for the previous year, as a percent of the total claim volume during the same period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Denied – Same Month Last Year

Description – Displays the total number of claims denied during the month of the reporting period for the previous year, as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Corrected – Same Month Last Year

Description – Displays the number of claims that required error correction to finalize during the month of the reporting period for the previous year, as a percent of the total claim volume for the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Days Service Date To Entry Date – Same Month Last Year

Description – Displays an average of time elapsed from the to date of service to the ICN Julian date for claims finalized during the month of reporting period for the previous year. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Paid – Same Month Last Year

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to the paid date for claims finalized during the month of reporting period for the previous year. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Adjudication – Same Month Last Year

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to date of adjudication for claims finalized during the month of reporting period for the previous year. The average excludes crossover and adjustment claims. The average may not coincide with the Claims Processing Throughput Analysis average because of the difference in data gathering. This reporting is by category of service, but the Throughput Analysis is by claim type.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Paid – Six Month Average

Description – Displays the average number of claims per month processed for payment for the six months just prior to the reporting period, as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Adjud Without Correction– Six Month Average

Description – Displays the total number of claims finalized that did not require correction, as an average per month of the six months immediately prior to the reporting period, as a percent of the total claim volume during the same period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Denied – Six Month Average

Description – Displays the total number of claims denied, as an average per month of the six months immediately prior to the reporting period, as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Corrected – Six Month Average

Description – Displays the number of claims which required error correction to finalize as an average per month of the six months immediately prior to the reporting period, as a percent of the total claim volume for the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Days Service Date To Entry Date – Six Month Average

Description – Displays an average of the time elapsed from the to date of service to the Julian date of the claim's ICN for finalized claims, as an average per month of the six months immediately prior the reporting period. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Paid – Six Month Average

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to the paid date for finalized claims, as an average per month of the six months immediately prior to the reporting period. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Adjudication – Six Month Average

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to date of adjudication for finalized claims, as an average per month of the six months immediately prior to the Reporting period. The average excludes crossover and adjustment claims. The average may not coincide with the Claims Processing Throughput Analysis average because of the difference in data gathering. This reporting is by category of service, but the Throughput Analysis is by claim type.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Paid – To Date – Current

Description – Displays the number of claims processed for payment during the reporting period year-to-date value, as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Adjud Without Correction– To Date –Current

Description – Displays the total number of claims finalized that did not require correction during the reporting period year-to-date value, as a percentage of the total claim volume during the same period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Denied – To Date – Current

Description – Displays the total number of claims denied during the reporting period year-to-date value, as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Corrected – To Date – Current

Description – Displays the number of claims that required error correction to finalize during the reporting period year-to-date value, as a percentage of the total claim volume for the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Days Service Date To Entry Date – To Date – Current

Description – Displays an average of the time elapsed from the to date of service to the Julian date of the claim's ICN for claims finalized

during the reporting period year-to-date value. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Paid – To Date – Current

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to the paid date for claims finalized during the reporting period year-to-date value. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Adjudication – To Date –Current

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to date of adjudication for claims finalized during the reporting period year-to-date value. The average excludes crossover and adjustment claims. The average may not coincide with the Claims Processing Throughput Analysis average because of the difference in data gathering. This reporting is by category of service, but the Throughput Analysis is by claim type.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Paid – To Date – Previous

Description – Displays the number of claims processed for payment during the reporting period year-to-date value in the previous year, as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Adjud Without Correction– To Date –Previous

Description – Displays the total number of claims finalized that did not require correction during the reporting period year-to-date value

for the previous year, as a percentage of the total claim volume during the same period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Denied – To Date – Previous

Description – Displays the total number of claims denied during the reporting period year-to-date value for the previous year, as a percentage of the total claim volume during the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Corrected – To Date – Previous

Description – Displays the number of claims that required error correction to finalize during the reporting period year-to-date value for the previous year, as a percentage of the total claim volume for the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Days Service Date To Entry Date – To Date – Previous

Description – Displays an average of the time elapsed from the to date of service to the Julian date of the claim's ICN for claims finalized during the reporting period year-to-date value for the previous year. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Paid – To Date – Previous

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to the paid date for claims finalized during the reporting period year-to-date value for the previous year. The average excludes crossover and adjustment claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Adjudication – To Date – Previous

Description – Displays an average of the time elapsed from the Julian date of the claim's ICN to date of adjudication for claims finalized during the reporting period year-to-date value for the previous year. The average excludes crossover and adjustment claims. The average may not coincide with the Claims Processing Throughput Analysis average because of the difference in data gathering. This reporting is by category of service, but the Throughput Analysis is by claim type.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_486_OPS_SUM_AVG_PCT

Menu – M_MAR_OPTIONS

Data Window – DW_486_OPS_SUM_AVG_PCT

System Features

Click **Dollar Value** to display a window titled Operational Performance Summary – Dollars. All menu selections made in the primary window carry forward to this window.

Click **Operational Performance Summary** to display a window titled Operational Performance Summary. All menu selections made in the primary window carry forward to this window.

Click **Provider Operational Summary** to display a window titled Operational Performance Summary – Provider. The menu selections

Program Code, Reporting Period and **YTD** from the primary window carry forward to this window.

Click **Exit** from the window to return to the Operational Performance Summary – Averages and Percents window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Operational Performance Summary – Averages and Percents window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 14: Operational Performance Summary – Dollars Window

Introduction

To bring up the Operational Performance Summary – Dollars window click, Ops in the main command bar and a drop-down menu appears. Click Operational Performance and a slide-out menu appears. Click Operations by Dollar Value and Operational Performance Summary – Dollars appears. Access the following windows from this point:

- Operational Performance Summary – Averages and Percents
- Operational Performance Summary
- Operational Performance Summary – Provider

The following fields are menu options:

- Program Code
- Category of Service
- Reporting Period

The Operational Performance Summary – Dollars provides operational dollar values for comparison of current dollars to historical dollars. Data is gathered for all claim types, including adjustments, for paid, denied and suspended claims.

Operational Performance Summary - Dollars [WM48-07R]

File **Edit**
▼

Program Code ALL ▼
Category of Service ALL ▼
Reporting Period September 1996 ▼

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

This Month

Same Month Last Year

Last Six Month Avg.

|----- To Date -----|
 Current Previous

Claims Paid					
Claims Denied					
Claims Suspended					
Total Charges Submitted					
Net Adjustment Paid					

Percentages / Averages

Operational Performance Summary

Provider Operational Summary

Select

Exit

Figure 14.1 – Operational Performance Summary – Dollars Window

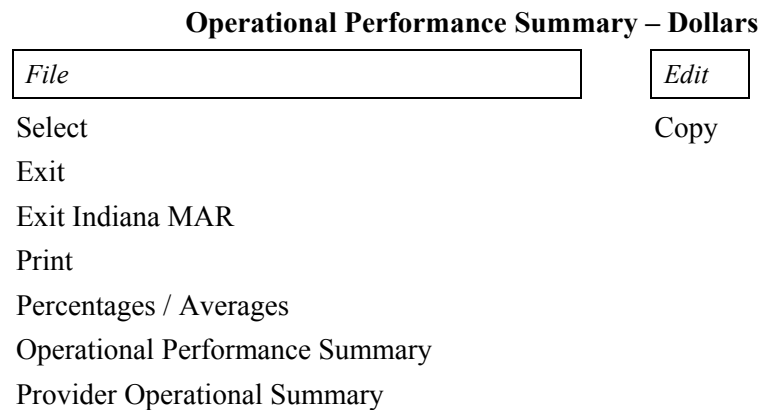


Figure 14.2 – Operational Performance Summary – Dollars Menu Tree

Figure 14.2 is an illustration of the menu tree for the Operational Performance Summary – Dollars window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Operational Performance Summary – Dollars window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

Click the command or window option title.

Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Percentages/Averages – Displays a window titled Operational Performance Summary – Averages and Percents.

Operational Performance Summary – Displays a window titled Operational Performance Summary.

Provider Operational Summary – Displays a window titled Operational Performance Summary – Provider.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level

summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Claims Paid – This Month

Description – Displays the dollars allowed for claims finalized for payment during the reporting period.

Format – \$99,999,999,999

Features – Protected – display only

Field Name: Claims Denied – This Month

Description – Displays the dollars billed for claims denied during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Suspended – This Month

Description – Displays the dollars billed for claims remaining in the suspense file at the close of the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Charges Submitted – This Month

Description – Displays the total dollars billed for all claims processed during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Net Adjustment Paid – This Month

Description – Displays the net dollar result of adjustment claims finalized for payment during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Paid – Same Month Last Year

Description – Displays the dollars allowed for claims finalized for payment during the month of reporting period for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Denied – Same Month Last Year

Description – Displays the dollars billed for claims denied during the month of reporting period for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Suspended – Same Month Last Year

Description – Displays the dollars billed for claims remaining in the suspense file at the close of the month of reporting period for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Charges Submitted – Same Month Last Year

Description – Displays the total dollars billed for all claims processed during the month of reporting period for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Net Adjustment Paid – Same Month Last Year

Description – Displays the net dollar result of adjustment claims finalized for payment during the month of reporting period for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Paid – Last Six Month Average

Description – Displays the dollars allowed for the claims finalized for payment as an average per month of the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Denied – Last Six Month Average

Description – Displays the dollars billed for claims denied as an average of the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Suspended – Last Six Month Average

Description – Displays an average per month of the dollars billed for claims remaining in the suspense file at the close of the month of the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Charges Submitted – Last Six Month Average

Description – Displays the total dollars billed on all claims processed as an average per month of the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Net Adjustment Paid – Last Six Month Average

Description – Displays the net dollar result of adjustment claims finalized for payment as an average per month of the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Paid – To Date – Current

Description – Displays the dollars allowed on the claims finalized for payment during the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Denied – To Date – Current

Description – Displays the dollars billed for claims denied during the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Suspended – To Date – Current

Description – Displays the dollars billed for claims remaining in the suspense file at the close of the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Charges Submitted – To Date – Current

Description – Displays the total dollars billed on all claims processed during the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Net Adjustment Paid – To Date – Current

Description – Displays the net dollar result of adjustment claims finalized for payment during the reporting period year-to-date value.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Paid – To Date – Previous

Description – Displays the dollars allowed on the claims finalized for payment during the reporting period year-to-date value for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Denied – To Date – Previous

Description – Displays the dollars billed for claims denied during the reporting period year-to-date value for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims Suspended – To Date – Previous

Description – Displays the dollars billed for claims remaining in the suspense file at the close of the reporting period year-to-date value for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Charges Submitted – To Date – Previous

Description – Displays the total dollars billed on all claims processed during the reporting period year-to-date value for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Net Adjustment Paid – To Date – Previous

Description – Displays the net dollar result of adjustment claims finalized for payment during the reporting period year-to-date value for the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_486_OPS_SUM_DOL

Menu – M_MAR_OPTIONS

Data Window – DW_486_OPS_SUM_DOL

System Features

Click **Percents/Averages** to display a window titled Operational Performance Summary – Averages and Percents. All menu selections made in the primary window carry forward to this window.

Click **Operational Performance Summary** to display a window titled Operational Performance Summary. All menu selections made in the primary window carry forward to this window.

Click **Provider Operational Summary** to display a window titled Operational Performance Summary – Provider. The menu selections **Program Code**, **Reporting Period** and **YTD** from the primary window carry forward to this window.

Click **Exit** from the window to return to the Operational Performance Summary – Dollars window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Operational Performance Summary – Dollars window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 15: Provider Financial Participation by County Window

Introduction

To bring up the Provider Financial Participation by County window, click County in the main command bar and a drop-down menu appears. Click Provider Participation and Provider Financial Participation by County appears.

The following fields are menu options:

- Program Code
- County
- Provider Type
- Provider Specialty
- Reporting Period

The Provider Financial Participation by County window provides provider program participation for comparison between counties. The county is the location where the service was provided.

Provider Financial Participation by County (WM48-21R)

File Edit

Program Code ALL

County ALL

Provider Type ALL

Provider Specialty ALL

Reporting Period September 1996

Provider Type	Participating Provider Count	Number Enrolled Providers	Percentage Participating Providers	Number Paid Claims	Billed Amount
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Select Exit

Figure 15.1 – Provider Financial Participation by County Window

Provider Financial Participation by County (WM48-21R)

File Edit

Program Code ALL

County ALL

Provider Type ALL

Provider Specialty ALL

Reporting Period September 1996

Number Enrolled Providers	Percentage Participating Providers	Number Paid Claims	Billed Amount	Allowed Amount	Paid Amount	Recipient Count
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Select Exit

Figure 15.2 – Provider Financial Participation by County Window Continued

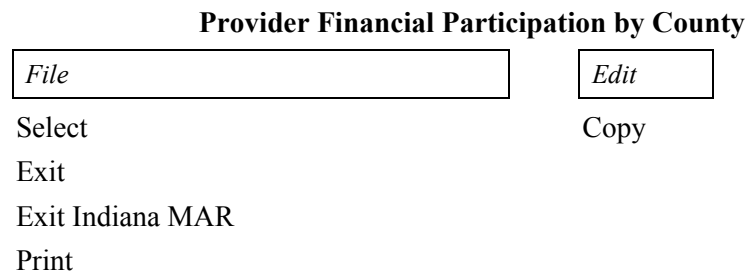


Figure 15.3 – Provider Financial Participation by County Menu Tree

Figure 15.3 is an illustration of the menu tree for the Provider Financial Participation by County window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Financial Participation by County window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information**Field Name: Program Code**

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: County

Description – Indicates the county where the provider rendered services to a recipient.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix F* for valid values.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix M* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider Type

Description – Displays the provider type selected above, or if **All** is selected, this field displays all provider types containing data.

Format – Alphanumeric description

Features – Protected – display only

Field Name: Participating Provider Count

Description – Displays the number of providers in the selected county who received payment during the reporting period for services rendered.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Enrolled Providers

Description – Displays the total number of providers enrolled in the system for the county selected during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Percentage Participating Providers

Description – Displays the number of participating providers as a percentage of the total enrolled providers for the county.

Format – 99.99 percent

Features – Protected – display only

Field Name: Number Paid Claims

Description – Displays the number of claims paid to providers meeting the criteria selected in the header menu during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Billed Amount

Description – Displays the total dollars billed by the providers for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Amount

Description – Displays the total dollars allowed for claims paid to the selected providers during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Amount

Description – Displays the total dollars paid for claims paid to the selected providers during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Recipient Count

Description – Displays an unduplicated count of the recipients served on the claims paid to the selected providers during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_484P_CTY_PROV_PART

Menu – M_MAR_OPTIONS

Data Window – DW_484P_CTY_PROV_PART

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the Provider Financial Participation by County window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 16: County Participation Analysis – Monthly by Aid Category Window

Introduction

To bring up the County Participation Analysis – Monthly by Aid Category window, click **County** in the main command bar and a drop-down menu appears. Click **Recipient Participation** and a slide-out menu appears. Click **Monthly by Aid Category** and County Participation Analysis – Monthly by Aid Category appears. Access the following windows from this point:

- County Participation Analysis – To Date by Aid Category
- County Participation Analysis – Monthly by Category of Service
- County Participation Analysis – To Date by Category of Service
- Provider Ranking

The following fields are menu options:

- Program Code
- County
- Category of Service
- State Aid Category
- Reporting Period

The County Participation Analysis – Monthly by Aid Category provides a method for analyzing recipient participation by classification of eligibility in a county determined by the location of service.

County Participation Analysis - Monthly by Aid Category [WM48-21R]

File Edit

Program Code ALL

County ALL

Category of Service ALL

State Aid Category ALL

Reporting Period September 1996

☐ Include Eligibility Counts

Aid Category	Number Eligible	Number Recipients	PCT Recip	Number of Claims	Allowed Amount	Paid Amount	Avg Payment Recipient
--------------	-----------------	-------------------	-----------	------------------	----------------	-------------	-----------------------

County Participation To Date by Aid Category

County Participation To Date by Category of Service

County Participation Monthly by Category of Service

Provider Ranking

Select Exit

Figure 16.1 – County Participation Analysis – Monthly by Aid Category Window

County Participation Analysis - Monthly by Aid Category [WM48-21R]

File Edit

Program Code ALL

County ALL

Category of Service ALL

State Aid Category ALL

Reporting Period September 1996

☐ Include Eligibility Counts

Number Recipients	PCT Recip	Number of Claims	Allowed Amount	Paid Amount	Avg Payment Recipient	Avg Payment Eligible	Billed Amount
-------------------	-----------	------------------	----------------	-------------	-----------------------	----------------------	---------------

County Participation To Date by Aid Category

County Participation To Date by Category of Service

County Participation Monthly by Category of Service

Provider Ranking

Select Exit

Figure 16.2 – County Participation Analysis – Monthly by Aid Category Window

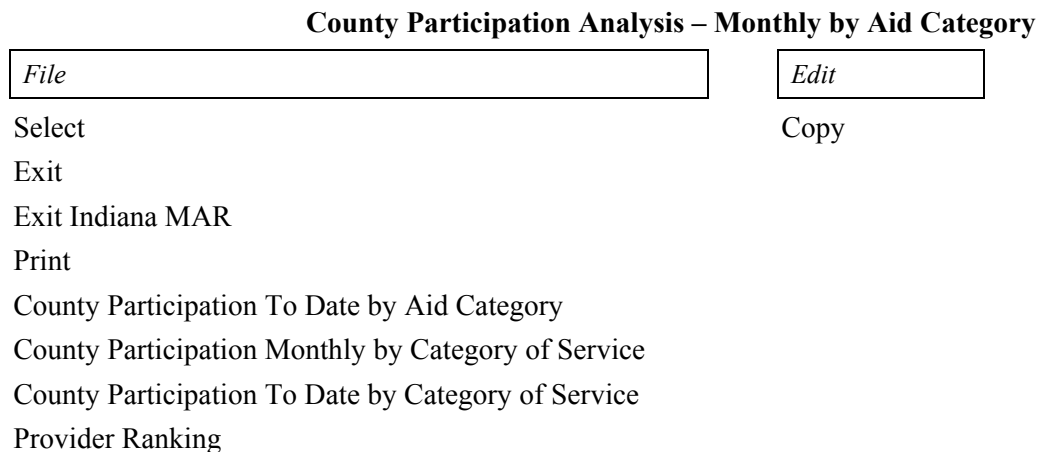


Figure 16.3 – County Participation Analysis – Monthly by Aid Category Menu Tree

Figure 16.3 is an illustration of the menu tree for the County Participation Analysis – Monthly by Aid Category window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the County Participation Analysis – Monthly by Aid Category window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

County Participation To Date by Aid Category – Displays a window titled County Participation – To Date by Aid Category.

County Participation Monthly by Category of Service – Displays a window titled County Participation – Monthly by Category of Service.

County Participation To Date by Category of Service – Displays a window titled County Participation – To Date by Category of Service.

Provider Ranking – Displays a window Provider Ranking.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: County

Description – Indicates the county where the provider rendered service.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix F* for valid values.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time on window by opting not to have eligibility counts in query.

Format – Alphanumeric description

Features – Selection box

Valid values:

X (click on – indicates "include eligibility counts")

Blank (click off – indicates "do not include eligibility counts")

Field Name: Aid Category

Description – Displays the aid category selected in the window header, or all aid categories with data that matches if **All** is selected.

Format – Alphanumeric

Features – Protected – display only

Field Name: Number Eligible

Description – Displays the number of eligibles matching the criteria selected in the header menu.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Recipients

Description – Displays the number of eligibles matching the criteria selected in the header menu for whom services paid during the

reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Pct Recipient

Description – Displays the number of participating eligibles as a percentage of the total number of eligibles.

Format – 99.99 percent

Features – Protected – display only

Field Name: Number of Claims

Description – Displays the number of claims in the aid category that finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Amount

Description – Displays the dollar amount allowed for the selected paid claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid Amount

Description – Displays the dollar amount paid for the selected paid claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Recipient

Description – Displays an average of the total dollars paid for claims finalized for payment during the reporting period per the number of recipients on the claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Eligible

Description – Displays an average of the total dollars paid for claims finalized for payment during the reporting period per the number of eligibles in the aid category.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Billed Amount

Description – Displays the total dollars billed for the finalized claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_484RM_CTY_PART_ANLY_MN

Menu – M_MAR_OPTIONS

Data Window – DW_484RM_CTY_PART_ANLY_MN

System Features

Click **County Participation To Date by Aid Category** to display a window titled County Participation – To Date by Aid Category. All menu selections made in the primary window carry forward to this window.

Click **County Participation Monthly by Category of Service** to display a window titled County Participation – Monthly by Category of Service. All menu selections made in the primary window carry forward to this window.

Click **County Participation To Date Category of Service** to display a window titled County Participation – To Date by Category of Service. All menu selections made in the primary window carry forward to this window.

Click **Provider Ranking** to display a window titled Provider Ranking. The menu selections **Program Code**, **County** and **Reporting Period** from the primary window carry forward to this window.

Click **Exit** in the window to return to County Participation – Monthly by Aid Category window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the County Participation – Monthly by Aid Category window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 17: County Participation Analysis – To Date by Aid Category Window

Introduction

To bring up the County Participation Analysis – To Date by Aid Category window, click **County** in the main command bar and a drop-down menu appears. Click **Recipient Participation** and a slide-out menu appears. Click **To Date by Aid Category** and County Participation Analysis – To Date by Aid Category. Access the following windows from this point:

- County Participation Analysis – Monthly by Aid Category
- County Participation Analysis – Monthly by Category of Service
- County Participation Analysis – To Date by Category of Service
- Provider Ranking

The following fields are menu options:

- Program Code
- County
- Category of Service
- State Aid Category
- Reporting Period

The County Participation Analysis – To Date by Aid Category provides a method for analyzing recipient participation for year-to-date time spans by classification of eligibility in a county, determined by the location of service.

County Participation Analysis - To Date By Aid Category (WM48-21R)																							
File Edit																							
Program Code	ALL	↓	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="radio"/> State Fiscal YTD <input type="radio"/> Federal Fiscal YTD <input type="radio"/> Calendar YTD </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Eligibles on Year To Date </div>																				
County	ALL	↓																					
Category of Service	ALL	↓																					
State Aid Category	ALL	↓																					
Reporting Period	September 1996	↓																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Number eciipients</th> <th style="width: 10%;">PCT Recip</th> <th style="width: 10%;">Number of Claims</th> <th style="width: 10%;">Allowed Amount</th> <th style="width: 10%;">Paid Amount</th> <th style="width: 10%;">Avg Payment Recipient</th> <th style="width: 10%;">Avg Payment Eligible</th> <th style="width: 10%;">Billed Amount</th> </tr> </thead> <tbody> <tr><td colspan="8" style="height: 150px;"></td></tr> </tbody> </table>								Number eciipients	PCT Recip	Number of Claims	Allowed Amount	Paid Amount	Avg Payment Recipient	Avg Payment Eligible	Billed Amount								
Number eciipients	PCT Recip	Number of Claims	Allowed Amount	Paid Amount	Avg Payment Recipient	Avg Payment Eligible	Billed Amount																
<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px 20px;">County Participation Monthly by Aid Category</div> <div style="border: 1px solid black; padding: 5px 20px;">County Participation To Date by Ctg of Service</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px 20px;">County Participation Monthly by Ctg of Service</div> <div style="border: 1px solid black; padding: 5px 20px;">Provider Ranking</div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px 10px; margin: 0 5px;">Select</div> <div style="border: 1px solid black; padding: 5px 10px; margin: 0 5px;">Exit</div> </div>																							

Figure 17.2 – County Participation Analysis –To Date by Aid Category Window

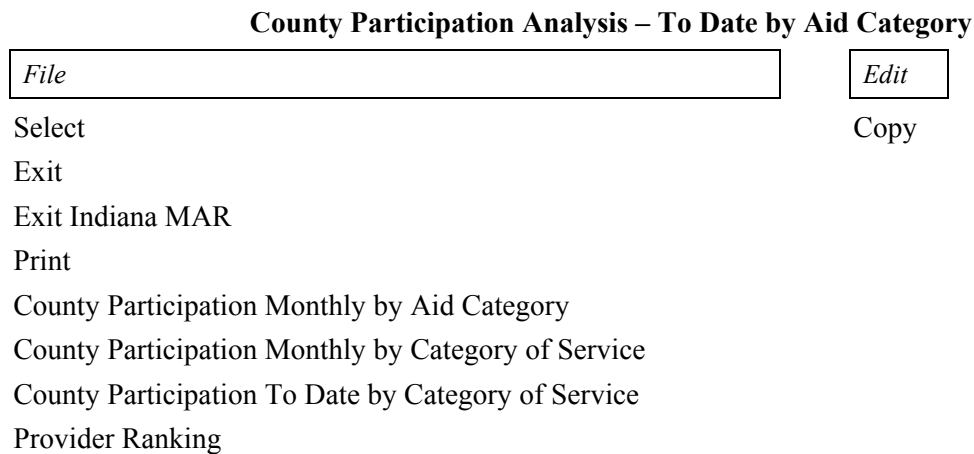


Figure 17.3 – County Participation Analysis –To Date by Aid Category Menu Tree

Figure 17.3 is an illustration of the menu tree for the County Participation Analysis – To Date by Aid Category window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the County Participation Analysis – To Date by Aid Category window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

County Participation Monthly by Aid Category – Displays a window titled County Participation – Monthly by Aid Category.

County Participation Monthly by Category of Service – Displays a window titled County Participation – Monthly Category of Service.

County Participation To Date by Category of Service – Displays a window titled County Participation – To Date by Category of Service.

Provider Ranking – Displays a window titled Provider Ranking.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: County

Description – Indicates the county where the provider rendered service.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix F* for valid values.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting Period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in Reporting Period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Eligibles On Year To Date

Description – Selection box decreases clocking time on window by opting not to have eligibility counts on year to date section.

Format – Alphanumeric description

Features – Selection box

Valid values:

X (click on – indicates "include year to date eligibility counts")

Blank (click off – indicates "do not include year to date eligibility counts")

Field Name: Aid Category

Description – Displays the aid category selected in the window header, or all aid categories with data that matches if **All** is selected.

Format – Alphanumeric

Features – Protected – display only

Field Name: Number Eligible

Description – Displays the number of eligibles matching the criteria selected in the header menu.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Recipients

Description – Displays the number of eligibles matching the criteria selected in the header menu for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Pct Recipient

Description – Displays the number of participating eligibles as a percentage of the total number of eligibles.

Format – 99.99 percent

Features – Protected – display only

Field Name: Number of Claims

Description – Displays the number of claims in the aid category that finalized for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Amount

Description – Displays the dollar amount allowed for paid claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid Amount

Description – Displays the dollar amount paid for paid claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Recipient

Description – Displays an average of the total dollars paid for claims finalized for payment during the reporting period year-to-date value per the number of recipients on the claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Eligible

Description – Displays an average of the total dollars paid for claims finalized for payment during the reporting period year-to-date value per the number of eligibles in the aid category.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Billed Amount

Description – Displays the total dollars billed for claims finalized during the year to date reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_484RTD_CTY_PART_ANLY_TD

Menu – M_MAR_OPTIONS

Data Window – DW_484RTD_CTY_PART_ANLY_TD

System Features

Click **County Participation by Aid Category** to display a window titled County Participation – Monthly by Aid Category. All menu selections made in the primary window carry forward to this window.

Click **County Participation Monthly by Category of Service** to display a window titled County Participation – Monthly by Category of Service. All menu selections made in the primary window carry forward to this window.

Click **County Participation To Date by Category of Service** to display a window titled County Participation – To Date by Category of Service. All menu selections made in the primary window carry forward to this window.

Click **Provider Ranking** to display a window titled Provider Ranking. The menu selections **Program Code**, **County** and **Reporting Period** from the primary window carry forward to this window.

Click **Exit** in the window to return to County Participation – To Date by Aid Category window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the County Participation – To Date by Aid Category window and return to any open window or window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 18: County Participation Analysis – Monthly by Category of Service Window

Introduction

To bring up the County Participation Analysis – Monthly by Category of Service window, click **County** in the main command bar and a drop-down menu appears. Click **Recipient Participation** and a slide-out menu appears. Click **Monthly by Category of Service** and County Participation Analysis – Monthly by Category of Service appears. Access the following windows from this point:

- County Participation Analysis – Monthly by Aid Category
- County Participation Analysis – To Date by Aid Category
- County Participation Analysis – To Date by Category of Service
- Provider Ranking

The following fields are menu options:

- Program Code
- County
- Category of Service
- State Aid Category
- Reporting Period

The County Participation Analysis – Monthly by Category of Service provides a method for analyzing recipient participation by category of service comparisons between counties, determined by the location of service.

County Participation Analysis - To Date By Aid Category [WM48-21R]

File Edit

Program Code ALL
☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

County ALL

Category of Service ALL

State Aid Category ALL

Reporting Period September 1996 ☐ Eligibles on Year To Date

Number recipients	PCT Recip	Number of Claims	Allowed Amount	Paid Amount	Avg Payment Recipient	Avg Payment Eligible	Billed Amount

County Participation Monthly by Aid Category

County Participation To Date by Ctg of Service

County Participation Monthly by Ctg of Service

Provider Ranking

Select

Exit

Figure 18.1 – County Participation Analysis – Monthly by Category of Service Window

County Participation Analysis - Monthly by Category of Service (WM48-21R)

File Edit

Program Code ALL

County ALL

Category of Service ALL

State Aid Category ALL

Reporting Period September 1996

☐ Include Eligibility Counts

Number of Bills	Number Recipients	PCT Recip	Number of Claims	Allowed Amount	Average Payment Recipient	Average Payment Eligible	Billed Amount

Figure 18.2 – County Participation Analysis – Monthly by Category of Service
Window Continued

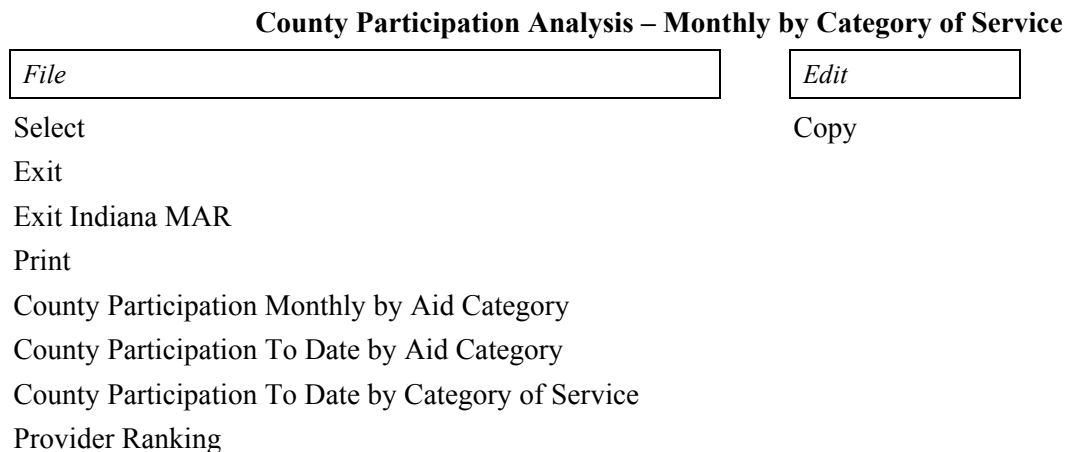


Figure 18.3 – County Participation Analysis – Monthly by Category of Service
Menu Tree

Figure 18.3 is an illustration of the menu tree for the County Participation Analysis – Monthly by Category of Service window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the County Participation Analysis – Monthly by Category of Service window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

County Participation Monthly by Aid Category – Displays a window titled County Participation – Monthly by Aid Category.

County Participation To Date by Aid Category – Displays a window titled County Participation – To Date by Aid Category.

County Participation To Date by Category of Service – Displays a window titled County Participation – To Date by Category of Service.

Provider Ranking – Displays a window titled Provider Ranking.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: County

Description – Indicates the county where the provider rendered service.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix F* for valid values.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time on window by opting not to have eligibility counts included in query.

Format – Alphanumeric description

Features – Selection box

Valid values:

X (click – indicates "include eligibility counts")

Blank (click off – indicates "do not include eligibility counts")

Field Name: Category of Service

Description – Displays the category of service selected in the window header or all categories of service with matching data if All is selected.

Format – Alphanumeric

Features – Protected – display only

Field Name: Number Eligible

Description – Displays the number of eligibles matching the criteria selected in the header menu.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Recipients

Description – Displays the number of eligibles matching the criteria selected in the header menu for whom services paid during the

reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Pct Recipient

Description – Displays the number of participating eligibles as a percentage of the total number of eligibles.

Format – 99.99 percent

Features – Protected – display only

Field Name: Number of Claims

Description – Displays the number of claims in the category of service that finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Amount

Description – Displays the dollar amount allowed for paid claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Recipient

Description – Displays an average of the total dollars allowed for claims finalized for payment during the reporting period per the number of recipients on the claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Eligible

Description – Displays an average of the total dollars allowed for claims finalized for payment during the reporting period per the number of eligibles in the category of service.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Billed Amount

Description – Displays the total dollars billed on finalized claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_484RM_CTY_PART_ANLY_MN_COS

Menu – M_MAR_OPTIONS

Data Window – DW_484RM_CTY_PART_ANLY_MN_COS

System Features

Click **County Participation Monthly by Aid Category** to display a window titled County Participation – Monthly by Aid Category. All menu selections made in the primary window carry forward to this window.

Click **County Participation To Date by Aid Category** to display a window titled County Participation – To Date by Aid Category. All menu selections made in the primary window carry forward to this window.

Click County **County Participation To Date by** Category of Service to display a window titled County Participation – To Date by Category of Service. All menu selections made in the primary window carry forward to this window.

Click **Provider Ranking** to display a window Provider Ranking. The menu selections **Program Code**, **County** and **Reporting Period** from the primary window carry forward to this window.

Click **Exit** in the window to return to the County Participation – Monthly by Category of Service window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the County Participation – Monthly by Category of Service window and return to any open window or window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 19: County Participation Analysis – To Date by Category of Service Window

Introduction

To bring up the County Participation Analysis – To Date by Category of Service window, click County in the main command bar and a drop-down menu appears. Click **Recipient Participation** and a slide-out menu appears. Click **To Date by Category of Service** and County Participation Analysis – To Date by Category of Service appears. Access the following windows from this point:

- County Participation Analysis – Monthly by Aid Category
- County Participation Analysis – To Date by Aid Category
- County Participation Analysis – Monthly by Category of Service
- Provider Ranking

The following fields are menu options:

- Program Code
- County
- Category of Service
- State Aid Category
- Reporting Period

The County Participation Analysis – To Date by Category of Service window provides a method for analyzing recipient participation for year to date time spans and categories of service comparisons between counties, determined by the location of service.

[illegible]

Figure 19.1 – County Participation Analysis – To Date by Category of Service Window

[illegible]

Figure 19.2 – County Participation Analysis – To Date by Category of Service Window Continued

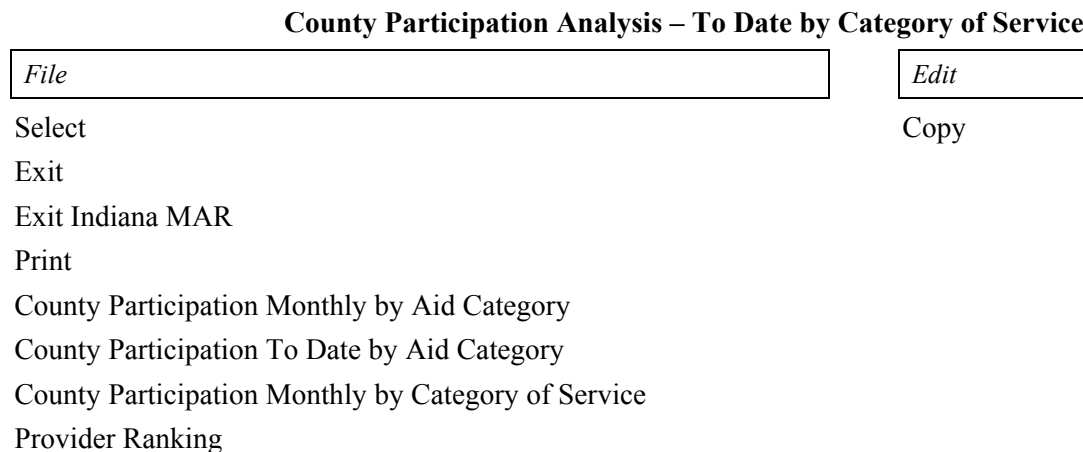


Figure 19.3 – County Participation Analysis – To Date by Category of Service Menu Tree

Figure 19.3 is an illustration of the menu tree for the County Participation Analysis – To Date by Category of Service window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the County Participation Analysis – To Date by Category of Service window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

- Click the command or window option title.
- Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

County Participation Monthly by Aid Category – Displays a window titled County Participation – Monthly by Aid Category.

County Participation To Date by Aid Category – Displays a window titled County Participation – To Date by Aid Category.

County Participation Monthly by Category of Service – Displays a window titled County Participation – Monthly by Category of Service.

Provider Ranking – Displays a window titled Provider Ranking.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: County

Description – Indicates the county where the provider rendered service.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix F*

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting Period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in Reporting Period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Eligibles on Year To Date

Description – Selection box decreases clocking time on window by opting not to have eligibility counts on year to date section.

Format – Alphanumeric description

Features – Selection box

Valid values:

X (click on – indicates "include year to date eligibility counts")

Blank (click off – indicates "do not include year to date eligibility counts")

Field Name: Category of Service

Description – Displays the category of service selected in the window header, or all categories of service with matching data if **All** is selected.

Format – Alphanumeric

Features – Protected – display only

Field Name: Number Eligible

Description – Displays the number of eligibles matching the criteria selected in the header menu.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Recipients

Description – Displays the number of eligibles matching the criteria selected in the header menu for whom services paid during the reporting period year-to-date value. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Pct Recipient

Description – Displays the number of participating eligibles as a percentage of the total number of eligibles.

Format – 99.99 percent

Features – Protected – display only

Field Name: Number of Claims

Description – Displays the number of claims in the category of service that finalized for payment during the reporting period year-to-date value.

Format – 99,999,999,999

Features – Protected – display only

Field Name: Allowed Amount

Description – Displays the dollar amount allowed for paid claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Recipient

Description – Displays an average of the total dollars allowed for claims finalized for payment during the reporting period year-to-date value per the number of recipients on the claims.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Eligible

Description – Displays an average of the total dollars allowed for claims finalized for payment during the reporting period year-to-date value per the number of eligibles in the category of service.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Billed Amount

Description – Displays the total dollars billed on the claims finalized during the year to date reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_484RTD_CTY_PART_ANLY_TD_COS

Menu – M_MAR_OPTIONS

Data Window – DW_484RTD_CTY_PART_ANLY_TD_COS

System Features

Click **County Participation Monthly by Aid Category** to display a window titled County Participation – Monthly by Aid Category. All menu selections made in the primary window carry forward to this window.

Click **County Participation To Date by Aid Category** to display a window titled County Participation – To Date by Aid Category. All menu selections made in the primary window carry forward to this window.

Click **Participation Monthly by Category of Service** to display a window titled County Participation – Monthly by Category of Service. All menu selections made in the primary window carry forward to this window.

Click **Provider Ranking** to display a window titled Provider Ranking. The menu selections **Program Code**, **County** and **Reporting Period** from the primary window carry forward to this window.

Click **Exit** in the window to return to County Participation – To Date by Category of Service window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the County Participation – To Date by Category of Service window and return to any open window or window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 20: Drug Usage – Rank by Usage Window

Introduction

To bring up the Drug Usage – Rank by Usage window, click **Drug** in the main command bar and a drop-down menu appears. Click **Non-Compound Drugs** and a slide-out menu appears. Click the selection **Current Month** and Drug Usage – Rank by Usage appears. Access the Drug Usage – Rank by Usage To Date from this point.

The following fields are menu options:

- Program Code
- Category of Service
- State Aid Category
- Therapeutic Class
- Reporting Period

The Drug Usage – Rank by Usage displays drug dispensing trends and cost by ranking various indices, using the American Hospital Formulary Service (AHFS) therapeutic classes of pharmaceuticals.

[illegible]

Figure 20.1 – Drug Usage – Rank by Usage Window

The screenshot shows a software window titled "Drug Usage - Rank by Usage [WM78-17/22R]". The window has a menu bar with "File" and "Edit". Below the menu bar are several input fields and controls:

- Program Code**: A text box containing "ALL" with a dropdown arrow.
- Category of Service**: A text box containing "ALL" with a dropdown arrow.
- State Aid Category**: A text box containing "ALL" with a dropdown arrow.
- Therapeutic Class**: A text box containing "ALL" with a dropdown arrow.
- Reporting Period**: A text box containing "September 1996" with a dropdown arrow.
- Select By**: A group box containing three radio buttons:
 - ☒ ALL
 - ☐ Legend Drugs
 - ☐ Non-Legend Drugs
- Select Method**: A group box containing three radio buttons:
 - ☒ Select By All Drug - RX
 - ☐ Select By All Drug - Amt
 - ☐ Select By Class - Rx
 - ☐ Select By Class - Amt
- Number to Select**: A text box containing "100".
- Include Recipient Counts**: An unchecked checkbox.

Below these controls is a large table area. The table header row is as follows:

ensing fee	Class Rx	Ranking Amt	All Drugs Rx	All Drugs Amt	Unduplicated Recipient Count	Billed Amt	Average Payment	Average Dispensed

At the bottom of the window, there is a "To Date Totals" button, and below it, two buttons labeled "Select" and "Exit".

Figure 20.2 – Drug Usage – Rank by Usage Window Continued

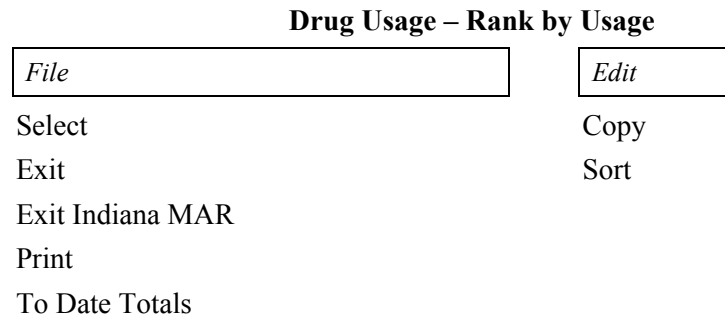


Figure 20.3 – Drug Usage – Rank by Usage Menu Tree

Figure 20.3 is an illustration of the menu tree for the Drug Usage – Rank by Usage window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Drug Usage – Rank by Usage window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press Alt plus the underscored letter of the selected command and press Enter.

Menu Selection: *File*

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window titled Drug Usage – Rank by Usage To Date.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending orders of selected data elements. Select options for this window include **Therapeutic Class**, **Payment Amount**, **NDC** and **Utilization** (number of prescriptions).

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high-level summary categories, ending in 00, and low-level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Therapeutic Class

Description – Indicates the AHFS classification value assigned by First Data Bank files, which lists NDCs by their primary function or use.

Format – Six-digit numeric.

Features – Drop-down menu display

Valid values:

Refer to *Appendix M* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Class

Description – Displays the therapeutic class selected above in the header menu, or all therapeutic classes meeting header criteria if **All** is selected.

Format – Six-digit numeric

Features – Protected – display only

Field Name: Drug Code

Description – Displays the NDC code representing a specific drug.

Format – Nine-digit numeric

Features – Protected – display only

Field Name: Description

Description – Displays a short Alphanumeric description of the NDC code.

Format – Alphanumeric

Features – Protected – display only

Field Name: Number of Prescriptions

Description – Displays the number of prescriptions filled by providers for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Allowed Amt

Description – Displays the dollar amount allowed for the cost of the drug for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Dispensing Fee

Description – Displays the dollars allowed for dispensing fees for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Ranking – Class – RX

Description – Displays the numeric ranking of the drug, according to the number of prescriptions relative to the other drugs in the same therapeutic class.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – Class – Amt

Description – Displays the numeric ranking of the drug according to total amount paid relative to the other drugs in the same therapeutic class.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – All Drugs – RX

Description – Displays the numeric ranking of the drug according to the number of prescriptions relative to all other drugs.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – All Drugs – Amt

Description – Displays the numeric ranking of the drug according to the total amount paid relative to all other drugs.

Format – Numeric

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a unique count of all recipients for whom the drug was paid to a provider during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Billed Amt

Description – Displays the total dollars billed for prescriptions of the drug for claims finalized during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment

Description – Displays an average of the allowed amounts for the prescriptions paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Dispensed

Description – Displays an average of the units dispensed on paid prescriptions.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR03.PBL

Window – W_782_DRUG_RANK_USAGE

Menu – M_MAR_OPTIONS

Data Window – DW_782_DRUG_RANK_USAGE

System Features

Click **To Date Totals** to display a window titled Drug Usage – Rank by Usage To Date. All menu selections from the Drug Usage – Rank by Usage carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window of Drug Usage – Rank by Usage To Date to close the window and return to the primary Drug Usage – Rank by Usage window.

Click **Exit** from the primary window to exit from the Drug Usage – Rank by Usage window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 21: Drug Usage – Rank by Usage To Date Window

Introduction

To bring up the Drug Usage – Rank by Usage To Date window, click **Drug** in the main command bar and a drop-down menu appears. Click **Non-Compound Drugs** and a slide-out menu appears. Click the selection **To Date Totals** and Drug Usage – Rank by Usage To Date appears. Access the Drug Usage – Rank by Usage from this point.

The following fields are menu options:

- Program Code
- Category of Service
- State Aid Category
- Therapeutic Class
- Reporting Period

The Drug Usage – Rank by Usage To Date displays drug dispensing trends and cost by ranking various indices of use for the American Hospital Formulary Service (AHFS) therapeutic classes of pharmaceuticals in year-to-date time periods.

Drug Usage - Rank by Usage To Date (WM78-17/22R)

File Edit

Program Code: ALL

Category of Service: ALL

State Aid Category: ALL

Therapeutic Class: ALL

Reporting Period: September 1996

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

☒ ALL
☐ Legend Drugs
☐ Non-Legend Drugs

☒ Select By All Drug - RX
☐ Select By All Drug - Amt
☐ Select By Class - Rx
☐ Select By Class - Amt

Number to Select: 100

☐ Include Recipient Counts

Class	Drug Code	Description	Number of Prescriptions	Drug Allowed Amt	Dispensing Fee	Rx

Monthly Totals

Select Exit

Figure 21.1 – Drug Usage – Rank by Usage To Date Window

Drug Usage - Rank by Usage To Date [WM78-17/22R]

File Edit

Program Code ALL

Category of Service ALL

State Aid Category ALL

Therapeutic Class ALL

Reporting Period September 1996

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

☒ ALL
☐ Legend Drugs
☐ Non-Legend Drugs

☒ Select By All Drug - RX
☐ Select By All Drug - Amt
☐ Select By Class - Rx
☐ Select By Class - Amt

Number to Select: 100

☐ Include Recipient Counts

Prescribing Fee	Ranking		Unduplicated Recipient Count	Billed Amt	Average Payment	Average Dispensed
	Class Rx	All Drugs Amt				

Monthly Totals

Select Exit

Figure 21.2 – Drug Usage – Rank by Usage To Date Window Continued

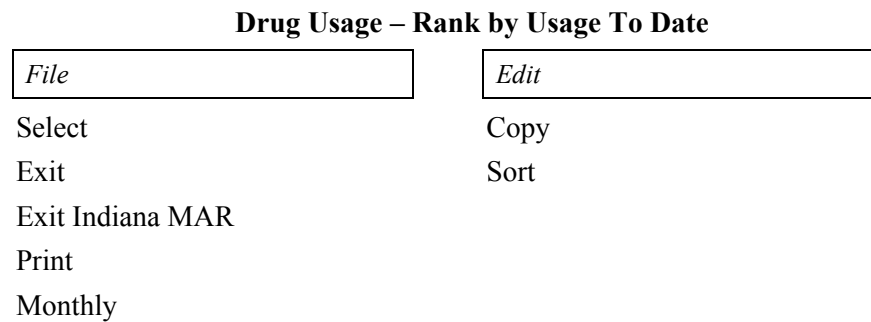


Figure 21.3 –. Drug Usage – Rank by Usage To Date Menu Tree

Figure 21.3 is an illustration of the menu tree for the Drug Usage – Rank by Usage To Date window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Drug Usage – Rank by Usage To Date window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: *File*

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly – Displays a window titled Drug Usage – Rank by Usage.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending orders of selected data elements. Select options for this window include **Therapeutic Class**, **Payment Amount**, **NDC** and **Utilization** (number of prescriptions).

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Therapeutic Class

Description – Indicates the AHFS classification assigned by First Data Bank files, which lists NDCs by their primary function or use.

Format – Six-digit numeric.

Features – Drop-down menu display

Valid values:

Refer to *Appendix M* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting Period is modified to

include claims data accumulated from the beginning of the selected year to date value through the month in Reporting Period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Class

Description – Displays the therapeutic class selected above in the header menu, or all therapeutic classes meeting header criteria if **All** is selected.

Format – Six-digit numeric

Features – Protected – display only

Field Name: Drug Code

Description – Displays the NDC code representing a pharmacy claim finalized for that drug during the reporting period.

Format – Nine-digit numeric

Features – Protected – display only

Field Name: Description

Description – Displays a short Alphanumeric description of the NDC code.

Format – Alphanumeric

Features – Protected – display only

Field Name: Number of Prescriptions

Description – Displays the number of prescriptions filled by providers for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Allowed Amt

Description – Displays the dollar amount allowed for the cost of the drug for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Dispensing Fee

Description – Displays the dollars allowed for dispensing fees for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Ranking – Class – RX

Description – Displays the numeric ranking of the drug according to the number of prescriptions relative to the other drugs in the same therapeutic class.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – Class – Amt

Description – Displays the numeric ranking of the drug according to total amount paid relative to the other drugs in the same therapeutic class.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – All Drugs – RX

Description – Displays the numeric ranking of the drug according to the number of prescriptions relative to all other drugs.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – All Drugs – Amt

Description – Displays the numeric ranking of the drug according to the total amount paid relative to all other drugs.

Format – Numeric

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a unique count of all recipients for whom the drug was paid to a provider during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Billed Amount

Description – Displays the total dollars billed for prescriptions of the drug for claims finalized during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment

Description – Displays an average of the allowed amounts for the prescriptions paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Dispensed

Description – Displays an average of the units dispensed on paid prescriptions.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR03.PBL

Window – W_782_DRUG_RANK_USAGE_TD

Menu – M_MAR_OPTIONS

Data Window – DW_782_DRUG_RANK_USAGE_TD

System Features

Click **Monthly Totals** to display a window titled Drug Usage – Rank by Usage. All menu selections from the Drug Usage – Rank by Usage To Date carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window Drug Usage – Rank by Usage to close the window and return to the primary Drug Usage – Rank by Usage To Date window.

Click **Exit** from the primary window to exit the Drug Usage – Rank by Usage To Date window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 22: Drug Usage – Rank by Usage – Compound Drugs Window

Introduction

To bring up the Drug Usage – Rank by Usage – Compound Drugs window, click **Drug** in the main command bar and a drop-down menu appears. Click **Compound Drugs** and a slide-out menu appears. Click the selection **Current Month** and Drug Usage – Rank by Usage – Compound Drugs appears. Access the Drug Usage – Rank by Usage To Date – Compound Drugs from this point.

The following fields are menu options:

- Program Code
- Category of Service
- State Aid Category
- Therapeutic Class
- Reporting Period

The Drug Usage – Rank by Usage window displays drug dispensing trends and costs of compound drug components by ranking various indices using the American Hospital Formulary Service (AHFS) therapeutic classes of pharmaceuticals.

Drug Usage - Rank by Usage [WM78-17/22R] - Compound Drug

File Edit

Program Code

ALL

Category of Service

ALL

State Aid Category

ALL

Therapeutic Class

ALL

Reporting Period

September 1996

☒ Select By All Drug - RX
☐ Select By All Drug - Amt
☐ Select By Class - Rx
☐ Select By Class - Amt

☒ ALL
☐ Legend Drugs
☐ Non-Legend Drugs

Number to Select: 100

☐ Include Recipient Counts

Class	Drug Code	Description	Number of Prescriptions	Drug Allowed Amt	Dispensing Fee	Rx

To Date Totals

Select

Exit

Figure 22.1 – Drug Usage – Rank by Usage – Compound Drugs Window

[illegible]

Figure 22.2 – Drug Usage – Rank by Usage – Compound Drug Window
Continued

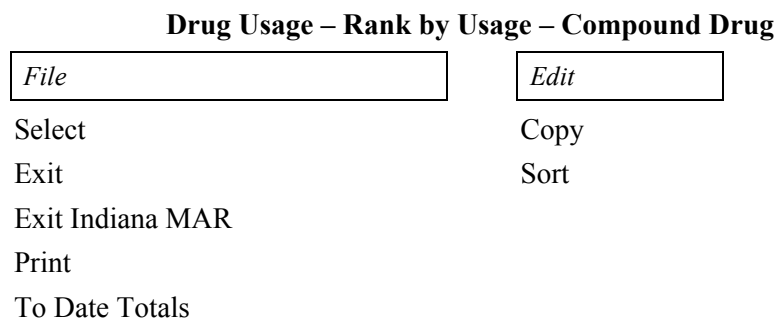


Figure 22.3 – Drug Usage – Rank by Usage – Compound Drug Menu Tree

Figure 22.3 is an illustration of the menu tree for the Drug Usage – Rank by Usage – Compound Drugs window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Drug Usage – Rank by Usage – Compound Drugs window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press Alt plus the underscored letter of the selected command and press Enter.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window titled Drug Usage – Rank by Usage To Date – Compound Drugs.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending orders of selected data elements. Select options for this window **include Therapeutic Class, Payment Amount, NDC and Utilization** (number of prescriptions).

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to Appendix A for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Therapeutic Class

Description – Indicates the AHFS classification assigned by First Data Bank files, which lists NDCs by their primary function or use.

Format – Six-digit numeric.

Features – Drop-down menu display

Valid values:

Refer to *Appendix M* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Class

Description – Displays the therapeutic class selected above in the header menu, or all therapeutic classes meeting header criteria if **All** is selected.

Format – Six-digit numeric

Features – Protected – display only

Field Name: Drug Code

Description – Displays the NDC code representing a specific drug.

Format – Nine-digit numeric

Features – Protected – display only

Field Name: Description

Description – Displays a short Alphanumeric description of the NDC code.

Format – Alphanumeric

Features – Protected – display only

Field Name: Number of Prescriptions

Description – Displays the number of prescriptions filled by providers for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Allowed Amt

Description – Displays the dollar amount allowed for the cost of the drug for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Dispensing Fee

Description – Displays the dollars allowed for dispensing fees for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Ranking – Class – RX

Description – Displays the numeric ranking of the drug according to the number of prescriptions relative to the other drugs in the same therapeutic class.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – Class – Amt

Description – Displays the numeric ranking of the drug according to total amount paid relative to the other drugs in the same therapeutic class.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – All Drugs – RX

Description – Displays the numeric ranking of the drug according to the number of prescriptions relative to all other drugs.

Format – Numeric

Features – Protected – display only

Description – Displays the numeric ranking of the drug according to the total amount paid relative to all other drugs.

Format – Numeric

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a unique count of all recipients for whom the drug was paid to a provider during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Billed Amt

Description – Displays the total dollars billed for prescriptions of the drug for claims finalized during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment

Description – Displays an average of the allowed amounts for the prescriptions paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Dispensed

Description – Displays an average of the units dispensed on paid prescriptions.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR03.PBL

Window – W_782_COMPOUND_DRUG

Menu – M_MAR_OPTIONS

Data Window – DW_782_COMPOUND_DRUG

System Features

Click **To Date Totals** to display a window titled Drug Usage – Rank by Usage To Date – Compound Drugs. All menu selections from the Drug Usage – Rank by Usage – Compound Drugs carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window of Drug Usage – Rank by Usage To Date – Compound Drugs to close the window and return to the primary Drug Usage – Rank by Usage – Compound Drug window.

Click **Exit** from the primary window to exit from the Drug Usage – Rank by Usage – Compound Drugs window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Section 23: Drug Usage – Rank by Usage To Date – Compound Drug Window

Introduction

To bring up the Drug Usage – Rank by Usage To Date – Compound Drug window, click Drug in the main command bar and a drop-down menu appears. Click **Compound Drugs** and a slide-out menu appears. Click the selection **To Date Totals** and Drug Usage – Rank by Usage To Date – Compound Drug appears. Access the Drug Usage – Rank by Usage – Compound Drug window from this point.

The following fields are menu options:

- Program Code
- Category of Service
- State Aid Category
- Therapeutic Class
- Reporting Period

The Drug Usage – Rank by Usage To Date – Compound Drug window displays drug dispensing trends and costs of compound drug components by ranking various indices of use for the American Hospital Formulary Service (AHFS) therapeutic classes of pharmaceuticals in year-to-date time periods.

File

Edit

Drug Usage - Rank by Usage To Date [WM78-17/22R] - Compound Drug

Program Code

ALL

↓

Category of Service

ALL

↓

State Aid Category

ALL

↓

Therapeutic Class

ALL

↓

Reporting Period

September 1996

↓

☒ State Fiscal YTD
 ☐ Federal Fiscal YTD
 ☐ Calendar YTD

☒ ALL
 ☐ Legend Drugs
 ☐ Non-Legend Drugs

☒ Select By All Drug - RX
 ☐ Select By All Drug - Amt
 ☐ Select By Class - Rx
 ☐ Select By Class - Amt

Number to Select:

100

☐ Include Recipient Counts

Class	Drug Code	Description	Number of Prescriptions	Drug Allowed Amt	Dispensing Fee	Rx
<div> <div>Monthly Totals</div> <div> <div>Select</div> <div>Exit</div> </div> </div>						

Figure 23.1 – Drug Usage – Rank by Usage To Date – Compound Drug Window

Drug Usage - Rank by Usage To Date [WM78-17/22R] - Compound Drug

File Edit

Program Code	ALL	<input checked="" type="radio"/> State Fiscal YTD <input type="radio"/> Federal Fiscal YTD <input type="radio"/> Calendar YTD	<input checked="" type="radio"/> Select By All Drug - RX <input type="radio"/> Select By All Drug - Amt <input type="radio"/> Select By Class - Rx <input type="radio"/> Select By Class - Amt
Category of Service	ALL	<input checked="" type="radio"/> ALL <input type="radio"/> Legend Drugs <input type="radio"/> Non-Legend Drugs	Number to Select: 100
State Aid Category	ALL		
Therapeutic Class	ALL	<input type="checkbox"/> Include Recipient Counts	
Reporting Period	September 1996		

Billing Fee	Class Rx	Ranking Amt	All Drugs Rx	All Drugs Amt	Unduplicated Recipient Count	Billed Amt	Average Payment	Average Dispensed

Monthly Totals

Select Exit

Figure 23.2 – Drug Usage – Rank by Usage To Date – Compound Drug Window Continued

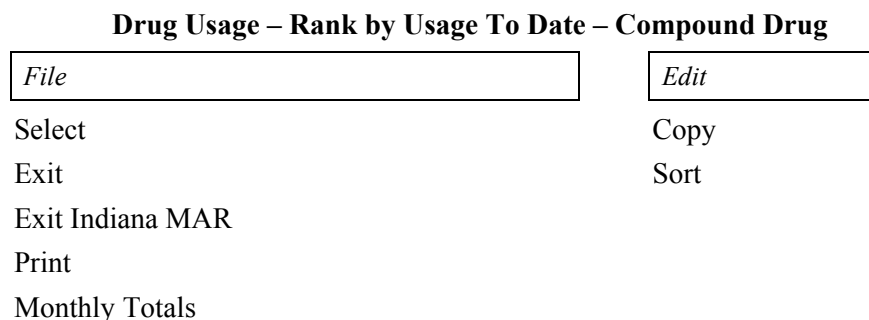


Figure 23.3 – Drug Usage – Rank by Usage To Date – Compound Drug Menu Tree

Figure 23.3 is an illustration of the menu tree for the Drug Usage – Rank by Usage To Date – Compound Drug window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Drug Usage – Rank by Usage To Date – Compound Drug window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly Totals – Displays a window titled Drug Usage – Rank by Usage – Compound Drug.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending orders of selected data elements. Select options for this window include **Therapeutic Class**, **Payment Amount**, **NDC**, and **Utilization** (number of prescriptions).

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix BB* for the list of program codes including current MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphanumeric description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Therapeutic Class

Description – Indicates the AHFS classification assigned by First Data Bank files, which lists NDCs by their primary function or use.

Format – Six-digit numeric

Features – Drop-down menu display

Valid values:

Refer to *Appendix M*

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting Period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in Reporting Period.

Format – Alphanumeric description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Class

Description – Displays the therapeutic class selected above in the header menu, or all therapeutic classes meeting header criteria if **All** is selected.

Format – Six-digit numeric

Features – Protected – display only

Field Name: Drug Code

Description – Displays the NDC code representing a pharmacy claim finalized for that drug during the reporting period.

Format – Nine-digit numeric.

Features – Protected – display only

Field Name: Description

Description – Displays a short Alphanumeric description of the NDC code.

Format – Alphanumeric

Features – Protected – display only

Field Name: Number of Prescriptions

Description – Displays the number of prescriptions filled by providers for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Allowed Amt

Description – Displays the dollar amount allowed for the cost of the drug for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Dispensing Fee

Description – Displays the dollars allowed for dispensing fees for claims paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Ranking – Class – Rx

Description – Displays a numeric ranking of the drug according to the number of prescriptions relative to the other drugs in the same therapeutic class.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – Class – Amt

Description – Displays the numeric ranking of the drug according to total amount paid relative to the other drugs in the same therapeutic class.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – All Drugs – Rx

Description – Displays the numeric ranking of the drug according to the number of prescriptions relative to all other drugs.

Format – Numeric

Features – Protected – display only

Field Name: Ranking – All Drugs – Amt

Description – Displays the numeric ranking of the drug according to the total amount paid relative to all other drugs.

Format – Numeric

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a unique count of all recipients for whom the drug was paid to a provider during the reporting period. This count only includes unduplicated recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Billed Amount

Description – Displays the total dollars billed for prescriptions of the drug for claims finalized during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment

Description – Displays an average of the allowed amounts for the prescriptions paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Dispensed

Description – Displays an average of the units dispensed on paid prescriptions.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR03.PBL

Window – W_782_COMPOUND_DRUG_TD

Menu – M_MAR_OPTIONS

Data Window – DW_782_COMPOUND_DRUG_TD

System Features

Click **Monthly** to display a window titled Drug Usage – Rank by Usage – Compound Drug. All menu selections from the Drug Usage – Rank by Usage To Date – Compound Drug carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window of Drug Usage – Rank by Usage – Compound Drug to close the window and return to the primary Drug Usage – Rank by Usage To Date – Compound Drug window.

Click **Exit** from the primary window to exit from the Drug Usage – Rank by Usage To Date – Compound Drug window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window is closed.

Appendix A: State Category of Service

Table A.1 – State Category of Service

High-Level Category (summary of subcategories)			
Subcategory (summary of sub-subcategories)			
Sub-subcategory (detail)			
100	Inpatient Services		
200	Inpatient Psychiatric Services		
	210	Inpatient Psychiatric Services – State Facility	
		211	Inpatient Psychiatric Services – State Facility – Child
		212	Inpatient Psychiatric Services – State Facility – Adult
		213	Inpatient Psychiatric Services – State Facility – Aged
	220	Inpatient Psychiatric Services – Private Facility	
		221	Inpatient Psychiatric Services – Private Facility – Child
		222	Inpatient Psychiatric Services – Private Facility – Adult
		223	Inpatient Psychiatric Services – Private Facility – Aged
300	Outpatient Services		
	301	Outpatient Services – Emergency	
	302	Outpatient Services – Non-emergency	
400	Capitated Services – Risk Based Premium		
500	Targeted Case Management Services		
600	Physician Services		
	610	PCCM Administrative Fee	
	620	All other physician services	
700	Prescribed Drugs Services		
	710	Prescribed Drugs Services – Pharmacy	
		711	Prescribed Drugs Services – Pharmacy – Legend
		712	Prescribed Drugs Services – Pharmacy – Non-legend
	720	Prescribed Drugs Services – Physician Dispensed Legend	
	730	Prescribed Drugs Services – Dentist Dispensed Legend	
	740	Prescribed Drugs Services – Chiropractor Dispensed Legend	
	750	Prescribed Drugs Services – Podiatrist Dispensed Legend	
	760	Prescribed Drugs Services – Optometrist Dispensed Legend	
	790	Prescribed Drugs Services – Else	
800	Medical Supply Services		
	801	Medical Supply Services – Pharmacy Dispensed	

Table A.1 – State Category of Service

High-Level Category (summary of subcategories)		
Subcategory (summary of sub-subcategories)		
Sub-subcategory (detail)		
	802	Medical Supply Services – Supplier Dispensed
	890	Medical Supply Services – Else
900	Durable Medical Equipment Services	
	901	Durable Medical Equipment Services – Pharmacy Dispensed
	902	Durable Medical Equipment Services – Supplier Dispensed
	903	Durable Medical Equipment Services – Chiropractor Dispensed
	990	Durable Medical Equipment Services – Else
1000	Prosthetic/Orthotic Services	
1100	Lab Services	
1200	X-ray Services	
1300	Transportation Services	
	1301	Transportation Services – Emergency Ambulance
	1302	Transportation Services – Non-emergency Ambulance
	1303	Transportation Services – Other Ambulance
	1304	Transportation Services – Wheelchair Van
	1305	Transportation Services – Taxi
	1306	Transportation Services – Commercial Ambulatory
	1307	Transportation Services – Family Member Transportation
	1390	Transportation Services – Else
1400	Nursing Home Services	
	1401	Nursing Home Services – Intermediate
	1402	Nursing Home Services – Skilled
1500	ICF-MR Services	
	1501	ICF-MR Services – Small Private Facility
	1502	ICF-MR Services – Large Private Facility
	1503	ICF-MR Services – State Facility
1600	Home Health Services	
1800	Hospice Services	
2000	Therapy Services	
	2010	Therapy Services – Physical
		2011 Therapy Services – Physical – Therapist
		2013 Therapy Services – Physical – Physician

Table A.1 – State Category of Service

High-Level Category (summary of subcategories)			
Subcategory (summary of sub-subcategories)			
Sub-subcategory (detail)			
		2014	Therapy Services – Physical – Chiropractor
		2019	Therapy Services – Physical – Else
	2020	Therapy Services – Speech	
		2021	Therapy Services – Speech – Therapist
		2023	Therapy Services – Speech – Physician
		2029	Therapy Services – Speech – Else
	2030	Therapy Services – Occupational	
		2031	Therapy Services – Occupational – Therapist
		2033	Therapy Services – Occupational – Physician
		2039	Therapy Services – Occupational – Else
	2040	Therapy Services – Respiratory	
		2041	Therapy Services – Respiratory – Therapist
		2043	Therapy Services – Respiratory – Physician
		2049	Therapy Services – Respiratory – Else
	2050	Therapy Services – Audiology	
		2051	Therapy Services – Audiology – Therapist
		2052	Therapy Services – Audiology – Audiologist
		2053	Therapy Services – Audiology – Physician
		2059	Therapy Services – Audiology – Else
		2090	Therapy Services – Else
2100	Outpatient Rehab Services		
2200	Mental Health Services		
	2201	Mental Health Rehabilitation	
	2202	Other Mental Health Services	
2300	Dental Services		
	2310	Dental Services – Child	
		2311	Dental Services – Child – Preventative and Diagnostic
		2312	Dental Services – Child – Restorative
		2313	Dental Services – Child – Oral Surgery
		2314	Dental Services – Child – Orthodontia
		2315	Dental Services – Child – Dentures and Prosthetics
		2316	Dental Services – Child – Endodontics

Table A.1 – State Category of Service

High-Level Category (summary of subcategories)			
Subcategory (summary of sub-subcategories)			
Sub-subcategory (detail)			
		2317	Dental Services – Child – Periodontics
		2319	Dental Services – Child – Other
	2320		Dental Services – Adult
		2321	Dental Services – Adult – Preventative and Diagnostic
		2322	Dental Services – Adult – Restorative
		2323	Dental Services – Adult – Oral Surgery
		2324	Dental Services – Adult – Orthodontia
		2325	Dental Services – Adult – Dentures and Prosthetics
		2326	Dental Services – Adult – Endodontics
		2327	Dental Services – Adult – Periodontics
		2329	Dental Services – Else
2400			Chiropractic Services
2500			Podiatrist Services
2600			Eye Care and Exams
		2601	Eye Care and Exams – Eye Exams
		2602	Eye Care and Exams – Other Eye Care
2700			Eyewear
		2701	Eyewear – Eyeglasses
		2702	Eyewear – Contacts
		2703	Eyewear – Else
2800			Dialysis Services
2900			School Corporation Services
3100			Health Insurance Payments
		3101	Health Insurance Payments – Physician
		3102	Health Insurance Payments – Drug
		3103	Health Insurance Payments – Inpatient Hospital
		3104	Health Insurance Payments – Long Term Care
		3105	Health Insurance Payments – Buy-in Part A
		3106	Health Insurance Payments – Buy-in Part B
		3107	Health Insurance Payments – Other
3200			Non-Specific Financial Transactions
3300			Waiver Services

Table A.1 – State Category of Service

High-Level Category (summary of subcategories)		
Subcategory (summary of sub-subcategories)		
Sub-subcategory (detail)		
	3301	Waiver Services – Aged and Disabled
	3302	Waiver Services – Autistic
	3303	Waiver Services – ICF/MR Developmentally Disabled
	3304	Waiver Services – OBRA Home Care Based Services
	3305	Waiver Services – Medically Fragile Children
3400	MRT Exams (Disability Determination)	
3500	Native American Health Services	
9000	Default	
9900	Unknown	
	9910	HCFA 1500 Unknown
	9920	UB92 Unknown
ALL		

Appendix B: Federal Category of Service

Table B.1 – Federal Category of Service

Code	Description
1	Totals
2	Inpatient Hospital Services
3	Mental Hospital Services for the Aged
4	SNF/ICF Services for the Aged
5	Inpatient Psychiatric Services for Individuals Age 21 and Under
6	ICF Services for Mentally Retarded
7	ICF Services for All Others
8	SNF Services
9	Physician Services
10	Dental Services
11	Other Practitioner Services
12	Outpatient Hospital Services
13	Clinic Services
14	Home Health Services
15	Family Planning Services
16	Lab/Xray Services
17	Prescribed Drugs
18	Early and Periodic Screening (EPSDT)
19	Rural Health Clinic Services
20	Other Care
21	N/A
22	N/A
23	N/A
24	Federally Qualified Health Center (FQHC)
25	Sterilizations
26	Abortions
27	Transportation Services
28	N/A
29	N/A
30	N/A
31	Personal Care Services
32	Targeted Case Management

Table B.1 – Federal Category of Service

Code	Description
33	Home and Community Based Care Services (HCBCS)
34	Rehabilitation Services
35	PT, OT, Speech, Hearing and Language
36	Hospice Services
37	Nurse Practitioner – Midwife
38	Nurse Practitioner – Other
39	Private Duty Nursing
40	Christian Science Practitioner
41	HCBCS Waivers

Appendix C: HCFA (64 and 37) Category of Service

Table C.1 – HCFA (64 and 37) Category of Service

Code	Description	
1	Inpatient Hospital	
	A	Regular Payments
	B	DSH Adjustment Payments
2	Mental Health Facility Services	
	A	Regular Payments
	B	DSH Adjustment Payments
3	Nursing Facility Services	
4	Intermediate Care Facility Services Mentally Retarded	
	A	Public Providers
	B	Private Providers
5	Physician's Services	
6	Outpatient Hospital Services	
7	Prescribed Drugs	
7A	Drugs Rebate Offset	
	A1	National Agreement
	A2	State Sidebar Agreement
8	Dental Services	
9	Other Practitioner's Service	
10	Clinic Services	
11	Laboratory and Radiological Services	
12	Home Health Services	
13	Sterilizations	
14	Abortions	
15	EPSDT Screening Services	
16	Rural Health Clinic	
17	Medicare Health Insurance Payments	
	A	Part A Premiums
	B	Part B Premiums
	C1	Qual Individuals – 120%-134% of Poverty
	C2	Qual Individuals – 135%-175% of Poverty
	D	Coinsurance and Deductibles

Table C.1 – HCFA (64 and 37) Category of Service

Code	Description	
18	Medicaid Health Insurance Payments	
	A	MCOs
	B	Prepaid Health Plans (PHPs)
	C	Group Health Plans
	D	Coinsurance and Deductibles
	E	Other
19	Home and Community-Based Services	
20	Home and Community-Based Care for Functionally Disabled Elderly	
21	Community Supported Living Arrangements	
22	Programs of All Inclusive Care Elderly (PACE)	
23	Personal Care	
24	Targeted Case Management Services	
25	Primary Care Case Management	
26	Hospice Benefits	
27	Emergency Services – Undocumented Aliens	
28	Federally Qualified Health Center	
29	Other Care Services	
30	Total (All)	

Appendix D: Category of Service Conversion – State to Federal

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service				Federal (2082) Category of Service
01	Inpatient Services (includes xray, lab, all services)			02. Inpatient Hospital Services
02	Inpatient Psychiatric Services			
	02	10	state	
		02	11 child	05. Inpatient Psychiatric Services Age 0 – 21
		02	12 adult	02. Inpatient Hospital Services
		02	13 aged	03. Mental Hospital Services for the Aged
	02	20	private	
		02	21 child	05. Inpatient Psychiatric Services Age 0 – 21
		02	22 adult	02. Inpatient Hospital Services
		02	23 aged	03. Mental Hospital Services for the Aged
03	Outpatient Services			12. Outpatient Hospital Services
	03	10	emergency	
	03	20	non-emergency	
04	Capitated Services – Risk Based Premiums			20. Other Care
05	Targeted Case Management Services			20. Other Care
06	Physician Services (including other practitioners)			09. Physicians Services (excluding other practitioners)
				exclude:
				11. Other Practitioners Services
				provider types 09 and 10
				13. Clinic Services
				provider type 08 spec 080,082,084,085
				15. Family Planning Services
				provider type 08 spec 083
				family planning procedure codes
				18. Early and Periodic Screening
				procedure codes: W6510 – W6612
				19. Rural Health Clinic Services
				provider type 08 spec 081
07	Prescribed Drugs Services			17. Prescribed Drugs

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service				Federal (2082) Category of Service
	07	10	pharmacy	
		07	11 legend	exclude:
		07	12 non-legend	15 Family Planning Services
	07	20	physician-dispensed legend (MD/DO)	family planning NDCs
	07	30	dentist-dispensed legend	
	07	40	chiropractor-dispensed legend	
	07	50	podiatrist-dispensed legend	
	07	60	optometrist-dispensed legend	
	07	90	else	
08	Medical Supply Services			20. Other Care
	08	01	pharmacy-dispensed	
	08	02	supplier-dispensed	
09	Durable Medical Equipment Services			20. Other Care
	09	01	pharmacy-dispensed	
	09	02	supplier-dispensed	
	09	03	chiropractor-dispensed	
10	Prosthetic/Orthotic Services			20. Other Care
11	Lab (physician and independent lab only)			16. Lab and X-ray Services
12	X-ray (physician and independent radiology only)			16. Lab and X-ray Services
13	Transportation Services			20. Other Care
	13	01	emergency ambulance	
	13	02	non-emergency ambulance	
	13	03	other ambulance	
	13	04	wheelchair van	
	13	05	taxi	
	13	06	commercial ambulatory	
	13	07	family member transportation	
	13	90	else	
14	Nursing Home Services			
	14	01	intermediate	07. ICF Services – all other
	14	02	skilled	08. SNF Services
				exclude:

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service					Federal (2082) Category of Service	
					04. SNF/ICF Mental Health Services for the Aged	
					(defined as age 65 + revenue codes 910 – 919)	
15	ICF-MR Services				06. ICF services for the mentally retarded	
	15	01	small group	8 bed		
	15	02	large private	16 bed		
	15	03	state			
	15	90	else			
16	Home Health Services				14. Home Health Services	
17	*** open					
18	Hospice Services				12. Outpatient Hospital Services	
19	*** open					
20	Therapy Services				11. Other Practitioners Services	
	20	10	physical		include:	provider type 31
	20	11	therapist			spec 336
					exclude:	09. Physicians Services
	20	13	physician			provider type 31
	20	14	chiropractor			spec exclude: 333, 336, 339, 341
	20	19	else			13. Clinic Services
	20	20	speech			provider type 08
	20	21	therapist			spec 087
	20	23	physician			
	20	29	else			
	20	30	occupational			
	20	31	therapist			
	20	33	physician			
	20	39	else			
	20	40	respiratory			
	20	41	therapist			
	20	43	physician			
	20	49	else			
	20	50	audiology			
	20	51	therapist			
	20	53	physician			
	20	59	else			

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service			Federal (2082) Category of Service
21	Outpatient Rehab Services		12. Outpatient Hospital Services
22	Mental Health Services (includes psychiatrists and all MH providers)		11. Other Practitioners
23	Dental Services		10. Dental Services
	23	10 child	
	23	11 preventive and diagnostic	
	23	12 restorative	
	23	13 oral surgery	
	23	14 orthodontia	
	23	15 dentures and prosthetics	
	23	16 endodontics	
	23	17 periodontics	
	23	18 other	
	23	20 adult	
	23	21 preventive and diagnostic	
	23	22 restorative	
	23	23 oral surgery	
	23	24 orthodontia	
	23	25 dentures and prosthetics	
	23	26 endodontics	
	23	27 periodontics	
	23	28 other	
	23	90 else	
24	Chiropractic Service (physical therapy not included)		11. Other Practitioners Services
25	Podiatrist services		11. Other Practitioners Services
26	Eye Care and Exams		11. Other Practitioners Services
	26	01 eye exams	
	26	02 other eye care	
27	Eyewear		20. Other Care
	27	01 eyeglasses	
	27	02 contacts	
	27	90 else	
28	Dialysis Services		12. Outpatient Hospital Services

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service			Federal (2082) Category of Service
29	School Corporation Services		20. Other Care
30	***open		
31	Health Insurance payments		20. Other Care
	31	01 physician	
	31	02 drug	
	31	03 inpatient hospital	
	31	04 long term care	
	31	05 buy-in part A	
	31	06 buy-in part B	
	31	07 other	
32	Non-Specific Financial Transactions		20. Other Care
33	Waiver Services		20. Other Care
	33	01 aged and disabled waiver	
	33	02 autism waiver	
	33	03 ICF/MR developmentally disabled waiver	
	33	04 OBRA home care based services waiver	
	33	05 medically fragile children's services waiver	
	33	90 else	
34	MRT Exams (Disability Determination)		not used
35	Native American Health Services		not used
90	Default		20. Other Care
99	Unknown		20. Other Care
00	ALL		01. Total

Appendix E: Category of Service Conversion – Federal (HCFA37 and 64) to State

Table E.1 – Category of Service Conversion – Federal (HCFA37 and 64) to State

Line	Description		
Line 1:	Inpatient Hospital Services		
	1A:	Regular Payments	= State Category 01 Inpatient Services Regular Payments
	1B:	DSH Adjustment Payments	= State Category 01 Inpatient Services DSH Adjusted Payment
Line 2:	Mental Health Facility Services		
	2A:	Regular Payments	= State Category 02 Inpatient Psychiatric Services Regular Payments
	2B:	DSH Adjustment Payments	= State Category 02 Inpatient Psychiatric DSH Adjusted Payment
Line 3:	Nursing Facility Services = State Category 14 Nursing Home Services		
Line 4:	Intermediate Care Facility Services – Mentally Retarded		
	4A:	Public Provider	= State Category 15 03 ICF-MR Services – state
	4B:	Private Provider	= State Category 15 01 ICF-MR Service-small group; State Category 15 02 ICF-MR Service-large private
Line 5:	Physicians Services = State Category 06 Physician Services wwith provider type 31 specialty 310 – 345 (exclude specialties: 330, 333, 339, 341).		
Line 6:	Outpatient Hospital Services = State Category 03 Outpatient Services; State Category 21 Outpt Rehab Services; State Category 28 Dialysis Services		
Line 7:	Prescribed Drugs = State Category 07 Prescribed Drugs Services		
Line 7A:	Drugs Rebate Offset		
	7A1.	National Agreement	= not yet defined
	7A2.	State Sidebar Agreement	= not yet defined
Line 8:	Dental Services = State Category 23 Dental Services		
Line 9:	Other Practitioners' Services = State Category 06 Physician Services with provider type 09, 10; State Category 20 Therapy Services; Mental Health providers; State Category 24 Chiropractic Services (physical therapy not included); State Category 25 Podiatrist Services; State Category 26 Eye care and Exams		
Line 10:	Clinic Services = State Category 06 Physician Services with provider type 08; specialty 082 – 085		
Line 11:	Laboratory and Radiological Services = State Category 11 Lab (Phys 1500 and independent lab only); State Category 12 Xray (Physician and independent lab only)		
Line 12:	Home Health Services = State Category 16 Home Health Services		
Line 13:	Sterilizations = State Category 06 Physician Services with procedure codes: 55250, 55450, 58600, 58605, 58611, 58615, 58982, 58983, X4247, X4248,		

Table E.1 – Category of Service Conversion – Federal (HCFA37 and 64) to State

Line	Description		
Line 14:	Abortions		= State Category 06 Physician Services with procedure code: 59840, 59841, 59100, 59850 – 59852, 59830
Line 15:	EPSDT Services		= State Category 06 Physician Services with procedure codes: W6510 – W6612
Line 16:	Rural Health Clinic		= State Category 06 Physician Services with provider type 08 specialty 081
Line 17:	Health Insurance Payments		
	17A.	Part A Premiums	= State Category 31 05 Health Insurance Payments Buy-In Part A
	17B.	Part B Premiums	= State Category 31 06 Health Insurance Payments Buy-In Part B
	17C1.	Qual Indiv – 120%-134% of Poverty	= not yet determined
	17C2.	Qual Indiv – 135%-175% of Poverty	= not yet determined
	17D.	Coinsurance and Deductibles	= State Category 31 02 Health Insurance Payments Coins & Deductibles
Line 18:	Medicaid Health Insurance Payments		
	18A.	MCOs	=
	18B.	Prepaid Health Plans (PHP’s)	=
	18C.	Group Health Plan	= State Category 31 03 Health Insurance Payments inpatient hospital; State Category 31 04 Health Insurance Payments Long Term Care
	18D.	Coinsurance and Deductibles	=
	18E.	Other	= State Category 31 03 Health Insurance Payments – Other
Line 19:	Home and Community-Based Services		= State Category 33 01, 33 02, 33 03, and 33 05 waiver services
Line 20:	Home and Community-Based Services for Functionally Disabled Elderly		=n/a
Line 21:	Community Supported Living Arrangement		= non-covered services
Line 22:	Programs of All-Inclusive Care Elderly (PACE)		
Line 23:	Personal Care Services		= non-covered services
Line 24:	Targeted Case Management Services		= State Category 05 Targeted Case Management Services
Line 25:	Primary Care Case Management		=
Line 26:	Hospice Benefits		= State Category 18 Hospital Services

Table E.1 – Category of Service Conversion – Federal (HCFA37 and 64) to State

Line	Description	
Line 27:	Emergency Services– Undocumented Aliens	=
Line 28:	Federally Qualified Health Center	= State Category 06 Physician Services with provider type 08 & spec 080
Line 29:	Other Care Services	= State Category 04 Capitated Services; State Category 08 Medical Supply Services; State Category 09 Durable Medical Equipment Services; State Category 10 Prosthetic/Orthotic services; State Category 13 Transportation Services; State Category 27 Eyewear; State Category 29 School Corporation Services; State Category 32 Non Claim Specific Financial Transaction; State Category 90 Default
Line 30:	Total	= SUM (Line 1 – Line 29)

Appendix F: State Category of Service Definition

Table F.1 – State Category of Service Definition

Code				Description
01	Inpatient Services (includes xray, lab etc services)			UB92 claim type I
				Crossover claim type A
				bill type 110 – 118
				provider type 01 provider specialty 010, 012
				provider type 04 provider specialty 040
02	Inpatient Psychiatric Services			UB92 claim type I
				Crossover claim type A
				bill type 110 – 118
				provider type 01 provider specialty 011
	02	10	state	see list of providers (name/number) below
		02	11 child	age 0 – 20
		02	12 adult	age 21 – 64
		02	13 aged	age 65 +
	02	20	private	all providers type 01 specialty 011
				excluding state psychiatric facilities listed below
		02	21 child	age 0 – 20
		02	22 adult	age 21 – 64
		02	23 aged	age 65 +
				State Psychiatric Facilities
				100273290 Central State Hospital
				100273150 Logansport State Hospital
				100273320 Madison State Hospital
				100273300 Richmond State Hospital
				100273500 Evansville State Hospital
				100273120 Evansville Psychiatric
				100273130 Larue D. Carter
03	Outpatient Services			UB92 claim type O
				Crossover claim type C
				bill type 130 – 148, 830 – 838
				provider type 01 provider specialty 010, 012
				provider type 02 provider specialty 020

Table F.1 – State Category of Service Definition

Code				Description
				provider type 03 provider specialty 030 – 033
				provider type 04 provider specialty 040
				provider type 08 provider specialty 080 – 087
				provider type 17 provider specialty 170 – 173
	03	01	emergency	emergency diagnosis: emergency indicator on diagnosis file
	03	02	non-emergency	non-emergency diagnosis: no emergency indicator on dx file
04	Capitated Services – Risk Based Premiums			Non-claim specific financial transactions
05	Targeted Case Management Services			HCFA 1500 claim type M
				Crossover claim type B
				provider type 21 provider specialty 210 – 212
06	Physician Services (including other practitioners)			
	06	10	PCCM Administrative Fee	Financial Transaction
	06	20	All other physician services	HCFA 1500 claim type M
				Crossover claim type B
				provider type 02 provider specialty 020
				provider type 08 provider specialty 080 – 085
				provider type 09 provider specialty 090 – 095
				provider type 10 provider specialty 100 – 101
				provider type 13 provider specialty 130
				provider type 16 provider specialty 160 – 162
				provider type 27 provider specialty 270 – 277
				provider type 31 provider specialty 310 – 345
				exclude specialties: 330, 339, 341
				also exclude:
				procedure type 15 – Med Supply Codes
				procedure type 16 – DME codes
				procedure type 17 – Prosthetics/Orthotics
				procedure type 18 – Lab codes
				procedure type 19 – Xray codes
				procedure types 28-32 – Therapy codes
				procedure type 36 – Dialysis codes
07	Prescribed Drugs Services			Pharmacy claim type P any drug NDC

Table F.1 – State Category of Service Definition

Code				Description
	07	10	pharmacy	provider type 24 provider specialty 240
		07	11 legend	legend NDC
		07	12 non-legend	non-legend NDC
	07	20	physician-dispensed legend (MD/DO)	provider type 31 provider specialty 310 – 345
				provider type 08 provider specialty 080 – 087
	07	30	dentist-dispensed legend	provider type 27 provider specialty 270 – 277
	07	40	chiropractor-dispensed legend	provider type 15 provider specialty 150
	07	50	podiatrist-dispensed legend	provider type 14 provider specialty 140
	07	60	optometrist-dispensed legend	provider type 18 provider specialty 180
	07	90	else	any drug NDC not included above
08	Medical Supply Services			HCFA 1500 claim type M
				Crossover claim type B
	08	01	pharmacy-dispensed	provider type 24 provider specialty 240
				with procedure type 15
	08	02	supplier-dispensed	provider type 22 provider specialty 220
				provider type 25 provider specialty 250
				with procedure type 15
	08	90	else	any other provider type with procedure type 15
09	Durable Medical Equipment Services			HCFA 1500 claim type M Crossover claim type B
	09	01	pharmacy-dispensed	provider type 24 provider specialty 240 or 250
				with procedure type 16
	09	02	supplier-dispensed	provider type 25 provider specialty 250
				with procedure type 16
	09	03	chiropractor-dispensed	provider type 15 provider specialty 150
				with procedure type 16
	09	90	else	provider type 25 provider specialty 250
				excluding procedure type 15 and 16
				any other provider type with procedure type 16
10	Prosthetic/Orthotic services			HCFA 1500 claim type M
				Crossover claim type B
				procedure type 17
11	Lab (HCFA 1500 only)			HCFA 1500 claim type M
				Crossover claim type B
				provider type 28 specialty 280

Table F.1 – State Category of Service Definition

Code			Description
			or any provider type/specialty
			procedure type 18
12	X-ray (HCFA 1500 only)		HCFA 1500 claim type M
			Crossover claim type B
			provider type 31 specialty 341
			provider type 29 specialties 290-291
			or any provider type/specialty
			procedure type 19
13	Transportation Services		HCFA 1500 claim type M
			Crossover claim type B
			provider type 26
	13	01	emergency ambulance
			provider specialty 260
			or any other provider type and specialty
			with codes: A0010, A0020
			or procedure type 20, 21 with emergency indicator 'Y' on detail
	13	02	non-emergency ambulance
			provider specialty 260
			or any other provider type and specialty
			with codes: A0021, A0060
			or procedure type 20, 21 with emergency indicator 'N' on detail
	13	03	other ambulance
			provider specialty 261 any service
			or any other provider type and specialty
			procedure type 22
	13	04	wheelchair van
			provider specialty 265 any service
			or any other provider type and specialty
			procedure type 23
	13	05	taxi
			provider specialty 263 any service
			or any other provider type and specialty
			procedure type 24
	13	06	commercial ambulatory
			provider specialty 262, 264 any service
			or any other provider type and specialty
			procedure type 25
	13	07	family member transportation
			provider specialty 266 any service

Table F.1 – State Category of Service Definition

Code					Description	
					or any other provider type and specialty	
					procedure type 26	
	13	90	else		any provider type and specialty	
					procedure type 27	
					and provider type 26 specialty 260	
					any other procedure codes billed	
14	Nursing Home Services				UB92 claim type L	
					bill type 210 – 218, 650 – 658	
					Crossover claim type A	
					Crossover claim type C	
	14	01	intermediate		bill type 650 – 658	
	14	02	skilled		bill type 210 – 218	
15	ICF-MR Services				UB92 claim type L	
					Crossover claim type A	
					Crossover claim type C	
	15	01	small group	8 bed	bill type 660 – 678	
					provider type 03 provider specialty 033	
	15	02	large private	16 bed	bill type 660 – 678	
					provider type 03 provider specialty 031	
	15	03	state		bill type 660 – 678	
					100271910	Central State Hospital
					100271930	Northern Indiana State Developmental Center
					100272000	New Castle State Developmental Center
					100272090	Evansville State Hospital – Evansville
					100271890	Ft Wayne Developmental Center
					100271950	Muscatatuck
					100272040	Logansport
					100272180	Madison State Hospital – ICF/MR
	15	90	else		bill type 660 – 678	any other provider type and specialty
16	Home Health Services				UB92 claim type H	
					HCFA 1500 claim type M	
					Crossover claim type A	
					Crossover claim type B	
					bill type 330 – 348	

Table F.1 – State Category of Service Definition

Code					Description
					provider type 05 provider specialty 050
17	***open				
18	Hospice Services				UB92 claim type O
					bill type 810 – 828
					Crossover claim type C
19	*** open				
20	Therapy Services				HCFA 1500 claim type M
					Crossover claim type B
	20	10	physical		
		20	11	therapist	provider type 17 provider specialty 170
		20	13	physician	provider type 31 provider specialty 310 – 345
					procedure type 28
		20	14	chiropractor	provider type 15 provider specialty 150
					procedure type 28
		20	19	else	any other provider type
					procedure type 28
	20	20	speech		
		20	21	therapist	provider type 17 provider specialty 173
					procedure type 29
		20	23	physician	provider type 31 provider specialty 310 – 345
					procedure type 29
		20	29	else	any other provider types
					procedure type 29
	20	30	occupational		
		20	31	therapist	provider type 17 provider specialty 171
		20	33	physician	provider type 31 provider specialty 310 – 345
					procedure type 30
		20	34	else	any other provider type
					procedure type 30
	20	40	respiratory		
		20	41	therapist	provider type 17 provider specialty 172
		20	43	physician	provider type 31 provider specialty 310 – 345
					procedure type 31

Table F.1 – State Category of Service Definition

Code					Description
		20	49	else	any other provider type:
					procedure type 31
	20	50	audiology		
		20	51	therapist	provider type 17 provider specialty 173
					procedure type 32
		20	52	audiologist	provider type 20 provider specialty 200
		20	53	physician	provider type 31 provider specialty 310 – 345
					procedure type 32
		20	59	else	any other provider type
					procedure type 32
21	Outpatient Rehab Services				UB92 claim type O
					Crossover claim type C
					bill type 740 – 758
					HCFA 1500 claim type M
					Crossover claim type B
					provider type 04 provider specialty 040
22	Mental Health Services				
	(includes psychiatrists and all MH providers)				
	22	01	Mental Health Rehabilitation		HCFA 1500 Claim type M
					Crossover claim type B
					procedure type 50
	22	02	Other Mental Health Services		HCFA 1500 Claim type M
					Crossover claim type B
					UB92 Claim type O
					Crossover Claim type C
					provider type 01 provider specialty 011
					bill type 130-148, 830-838 (with UB92 claim types)
					provider type 08 provider specialty 087
					provider type 31 provider specialty 339
					provider type 11 provider specialty 110 – 117
					exclude procedure type 50
23	Dental Services				Dental claim type D
					provider type 27 provider specialty 270 – 277
					provider type 08 provider specialty 086

Table F.1 – State Category of Service Definition

Code				Description	
	23	10	child	age 0 – 20	
		23	11 preventive and diagnostic	codes:	D0100 – D1999
		23	12 restorative		D2000 – D2999
		23	13 oral surgery		D7000 – D7999
		23	14 orthodontia		D8000 – D8999
		23	15 dentures and prosthetics		D5000 – D6999
		23	16 endodontics		D3000 – D3999
		23	17 periodontics		D4000 – D4999
		23	18 other		D9000 – D9999
	23	20	adult	age 21 +	
		23	21 preventive and diagnostic	codes:	D0100 – D1999
		23	22 restorative		D2000 – D2999
		23	23 oral surgery		D7000 – D7999
		23	24 orthodontia		D8000 – D8999
		23	25 dentures and prosthetics		D5000 – D6999
		23	26 endodontics		D3000 – D3999
		23	27 periodontics		D4000 – D4999
		23	28 other		D9000 – D9999
	23	90	else	default	
24	Chiropractic Service (physical therapy not included)			HCFA 1500 claim type M	
				Crossover claim type B	
				provider type 15 provider specialty 150	
				exclude:	
				procedure types: 15, 16, 17, 18, 19, 28-32, 36	
25	Podiatrist services			HCFA 1500 claim type M	
				Crossover claim type B	
				provider type 14 provider specialty 140	
				exclude:	
				procedure types: 15, 16, 17, 18, 19, 28-32, 36	
26	Eye Care and Exams			HCFA 1500 claim type M	
				Crossover claim type B	
				provider type 18 provider specialty 180	
				provider type 31 provider specialty 330	

Table F.1 – State Category of Service Definition

Code				Description
	26	01	eye exams	procedure type 33
	26	02	other eye care	provider type 18 provider specialty 180
				provider type 31 provider specialty 330
				exclude procedure types 33, 34, 35
27	Eyewear			HCFA 1500 claim type M
				Crossover claim type B
				provider type 18 provider specialty 180
				provider type 19 provider specialty 190
				provider type 31 provider specialty 330
	27	01	eyeglasses	procedure type 34
	27	02	contacts	procedure type 35
	27	90	else	provider type 19 provider specialty 190
				exclude procedure types 33, 34, 35
28	Dialysis Services			UB92 claim type O
				Crossover claim type C
				bill type 131 – 148, 720 – 728
				provider type 30 provider specialty 300
				HCFA 1500 claim type M
				Crossover claim type B
				procedure type 36
29	School Corporation Services			HCFA 1500 claim type M
				Crossover claim type B
				provider type 12 provider specialty 120
30	***open			
31	Health Insurance Payments			Non-claim specific payments
	31	01	physician	
	31	02	drug	
	31	03	inpatient hospital	
	31	04	long term care	
	31	05	buy-in part A	
	31	06	buy-in part B	
	31	07	other	
32	Non-Specific Financial Transactions			Region 60 transactions
33	Waiver Services			HCFA 1500 claim type M Crossover claim type B

Table F.1 – State Category of Service Definition

Code				Description
				provider type 32 provider specialty 350 – 355
	33	01	aged and disabled waiver	with recipient level of care: A through H
	33	02	autistic waiver	with recipient level of care: P through Q
	33	03	ICF/MR developmentally disabled waiver	with recipient level of care: T, U, V and W
	33	04	OBRA home care based services waiver	with recipient level of care: W (phased into ICF/MR 1995)
	33	05	medically fragile childrens waiver	with recipient level of care: J, X, Y and Z
34	MRT Exams (Disability Determination)			Not used.
35	Native American Health Services			Not used.
90	Default	dietitian	HCFA 1500 claim type M	provider type 23 provider specialty 230
99	Unknown			Includes claims denied with no provider type, provider specialty
	99	10		HCFA 1500 unknown or invalid claims
	99	20		UB92 unknown or invalid claims

Appendix G: State Aid Category

- Aged
- Blind
- Disabled
- Healthwise Child
- Healthwise Adult
- Other Child
- Other Adult
- All
- Unknown – When program codes, CSHCS and 590 Prison, are selected the state aid category will be unknown as these programs are not aid category specific.

Appendix H: Federal Aid Category

- Aged
- Blind/Disabled
- AFDC or Poverty Child
- AFDC or Poverty Adult
- AFDC, U Child
- AFDC, U Adult
- Foster Care Child

Appendix I: ICES Aid Category

Table I.1 – ICES Aid Category

Code	Description
MA A	Aged Medicaid
MA B	Blind Medicaid
MA C	ADC Related Medicaid
MA D	Disabled Medicaid
MA E	Extended Medicaid for Pregnant Women
MA F	Transitional Medicaid (TMA)
MA G	Qualified Disabled Worker (QDW)
MA H	ADC Related Medicaid for Deemed Income
MA I	Qualified Individual 1
MA J	Specified Low Income Medicare Beneficiary
MA K	Qualified Individual 2
MA L	Qualified Medicare Beneficiary
MA M	Full-Range Medicaid for Pregnant Women
MA N	Limited Medicaid for Pregnant Women
MA O	ADC Related for Institutional Child
MA P	Medicaid for Pregnant Recipients Not Eligible Due to Increased Income
MA Q	Refugee Medicaid
MA R	RBA Related Medicaid
MA S	ADC Related Medicaid for Sibling Income
MA T	ADC Related Medicaid for Children 18 – 20
MA U	ADC Related Medicaid for SSI Receipt
MA X	Medicaid for Newborns
MA Y	Medicaid for Children Under 1
MA Z	Medicaid for Children Under 6
MA 1	Medicaid for Children Under 19
MA 2	Medicaid for Children Age 6 – 19
MA 3	Medicaid for Wards
MA 4	Medicaid for IV-E Foster Children
MA 5	ARCH for Aged
MA 6	ARCH for Blind
MA 7	ARCH for Disabled
MA 8	Medicaid for IV-E Adoption

Table I.1 – ICES Aid Category

Code	Description
MA 9	Children age 1-19, up to 150 % poverty
MAAP	Aged Refugee
MABP	Blind Refugee
MACP	AFDC Related Refugee
MADP	Disabled Refugee
MAFP	TMA Refugee
MAGP	QDW Refugee
MAHP	ADC Refugee
MALP	QMB Refugee
MAMP	Full-Range for Pregnant Woman Refugee
MANP	Limited Range for Pregnant Woman Refugee
MAOP	ADC Related for Institutional Child Refugee
MAPP	MA P for Refugee
MARP	RBA Related Refugee
MASP	MA S Refugee
MATP	MA T Refugee
MAUP	MA U Refugee
MAXP	Newborns Refugee
MAYP	Children Under 1 Refugee
MAZP	Children Under 6 Refugee
MA1P	Children Under 19 Refugee
MA2P	Children 6 – 19 Refugee
MA3P	Wards Refugee
MA4P	Medicaid for Foster Children Refugee
MA5P	ARCH for Aged Refugee
MA6P	ARCH for Blind Refugee
MA7P	ARCH for Disabled Refugee
MA8P	Medicaid for Adoption Refugee
ALL	

Appendix J: Aid Category Conversion – ICES to State

Table J.1 – Aid Category Conversion – ICES to State

	State Aid Categories						
	Aged	Blind	Disabled	Healthwise Child	Healthwise Adult	Other Child	Other Adult
ICES	MA A	MA B	MA D	MA C (AGE 0-20)	MA C (AGE 21+)	MA F (AGE 0-20)	MA F (AGE 21+)
	MA J (AGE 65+)	MA 6	MA G	MA H (AGE 0-20)	MA H (AGE 21+)	MA O	MA J
	MA L (AGE 65+)	MA BP	MA J (AGE<65)	MA S (AGE 0-20)	MA S (AGE 21+)	MA Q (AGE 0-20)	MA Q (AGE 21+)
	MA R (AGE 65+)	MA 6P	MA L (AGE<65)	MA T	MA E	MA U (AGE 0-20)	MA U (AGE 21+)
	MA 5		MA R (AGE<65)	MA X	MA M	MA 3	MA MP
	MA AP		MA 7	MA Y	MA N	MA 4	MA NP
	MA LP (AGE 65+)		MA DP	MA Z	MA P	MA 8	MA CP (AGE 21+)
	MA RP (AGE 65+)		MA GP	MA 1		MA CP (AGE 0-20)	MA FP (AGE 21+)
	MA 5P		MA LP (AGE<65)	MA 2		MA FP (AGE 0-20)	MA HP (AGE 21+)
			MA RP (AGE<65)			MA HP (AGE 0-20)	MA SP (AGE 21+)
			MA 7P			MA OP	MA UP (AGE 21+)
						MA SP (AGE 0-20)	MA PP
						MA TP	
						MA UP (AGE 0-20)	
						MA XP	
						MA YP	
						MA ZP	
						MA 1P	
						MA 2P	
						MA 3P	
						MA 4P	

Table J.1 – Aid Category Conversion – ICES to State

	State Aid Categories						
	Aged	Blind	Disabled	Healthwise Child	Healthwise Adult	Other Child	Other Adult
						MA 8P	

Appendix K: Aid Category Conversion – ICES to Federal

Table K.1 – Aid Category Conversion – ICES to Federal

Aid Category							
Federal	Aged	Blind	Disabled	AFDC		SOBRA	
				Child	Adult	Child	Adult
				(DEFRA included)			
				Age 0 - 20 only	Age 21 - 64 only		
ICES	MA A	MA B	MA D	MA C	MA C		
			MA G		MA E		
	MA J (age 65 +)		MA J (age 64 -)	MA F	MA F		
				MA H	MA H		
	MA L (age 65 +)		MA L (age 64 -)				
					MA M		
							MA N
				MA O			
							MA P
				MA Q	MA Q		
	MA R (age 65 +)		MA R (age 64 -)	MA S	MA S		
				MA T			
				MA U	MA U		
				MA X			
				MA Y			
						MA Z	
				MA 1			
				MA 2			
				MA 3			
				MA 4			
	MA 5	MA 6	MA 7	MA 8			
	MA AP	MA BP	MA DP	MA CP	MA CP		
			MA GP	MA FP	MA FP		

Aid Category							
Federal	Aged	Blind	Disabled	AFDC		SOBRA	
				Child	Adult	Child	Adult
				(DEFRA included)			
				MA HP	MA HP		
	MA LP (age 65 +)		MA LP (age 64 -)				
					MA MP		
							MA NP
				MA OP			MA PP
	MA RP (age 65 +)		MA RP (age 64 -)	MA SP	MA SP		
				MA TP			
				MA UP	MA UP		Presumptive
				MA XP			Eligibility
				MA YP			Renamed:
						MA ZP	Limited Care
				MA 1P			For Pregnant
				MA 2P			Women
				MA 3P			MA N
				MA 4P			MA NP
	MA 5P	MA 6P	MA 7P	MA 8P			
Other	DEFRA- Child	DEFRA- Mother	CHINS	Delinquents	Wards	AFDC-UP	
						Child	Adult
						Age 0 – 20	Age 21 – 64
ICES	MA X	MA E	MA 3	MA 3	MA 3	MA C	MA C
	MA Y	MA M	MA 3P		MA 3P	MA F	MA F
	MA 1	MA MP				MA CP	MA CP
	MA 2		ICES will provide an indicator to separate			MA FP	MA FP
	MA XP		CHINS and delinquents within wards			MA HP	MA HP
	MA YP						
	MA 1P						
	MA 2P						

Appendix L: Aid Category Conversion – ICES to Federal (HCFA37)

Line 1: Blind and Disabled

Total average number of eligible recipients with aid category B, D, G, 6, 7, BP,DP,GP,6P, or 7P, or L, R, LP,RP and the age is less than or equal to 64.

Line 2: Aged 65 and Over

a. QMBs Only

Total average number of eligible recipients with aid category L or LP, RP where the age is greater than or equal to 65.

b. Other Aged

Total average number of eligible recipients with aid category A, 5, AP or 5P, or J, R, RP and the age is greater than or equal to 65.

Line 3: Other Adults (Non-Disabled/Non-Aged)

a. Pregnancy Benefit Adults

Total average number of eligible recipients with aid category N, P, NP or PP.

b. Other Adults

Total average number of eligible recipients with aid category E, M or MP, or J, C, F, H, Q, S, U, CP, FP, HP, SP, UP and age greater than or equal to 21 and age less than or equal to 64.

Line 4: Non-Disabled Children

a. Age Less Than 1 Year

Total average number of eligible recipients with aid category X, Y, 1, 3, 4, 8, O, C, F, H, Q, S, U, J, XP, YP, 1P, 3P, 4P, 8P, OP, CP, FP, HP, SP, UP and the age less than one year.

b. Age 1 To 5 Years

Total average number of eligible recipients with aid category 1, 2, 3, 4, 8, C, F, H, J, O, Q, S, T, U, X, Y, Z, 1P, 2P, 3P, 4P, 8P, CP, FP, HP, OP, SP, TP, UP, XP, YP, ZP and age greater than or equal to one year and less than or equal to five years.

c. Other Children

Total average number of eligible recipients with aid category 1, 2, 3, 4, 8, C, F, H, J, O, Q, S, T, U, 1P, 2P, 3P, 4P, 8P, CP, FP, HP, OP, SP, TP, UP and age greater than or equal to six years and less than or equal to twenty years.

Appendix M: Provider Type

Table M.1 – Provider Type

Code	Description
01	Hospital
02	Ambulatory Surgical Center
03	Extended Care Facilities
04	Rehabilitation Facility
05	Home Health Agency
06	Hospice
07	Capitation Provider
08	Clinic
09	Advance Practice Nurse
10	Mid-level Practitioner
11	Mental Health Provider
12	School Corporation
13	Public Health Agency
14	Podiatrist
15	Chiropractor
16	Nurse
17	Therapist
18	Optometrist
19	Optician
20	Audiologist
21	Targeted Case Manager
22	Hearing Aid Dealer
23	Dietitian
24	Pharmacy
25	DME/Medical Supply Dealer
26	Transportation Provider
27	Dentist
28	Laboratory
29	Radiology Provider
30	End Stage Renal Disease Clinic
31	Physician
32	Waiver Provider

Table M.1 – Provider Type

Code	Description
33	Non Billing Waiver Case Manager
All	
Unknown	Note: This classification will be used to report claims denied for reasons such as the billing provider is not on file which will not have a provider type assigned.

Appendix N: Provider Specialty

Table N.1 – Provider Specialty

Code	Description
010	Acute Care Hospital
011	Psychiatric Hospital
012	Rehabilitation Hospital
020	Ambulatory Surgical Center
030	Nursing Facilities
031	ICF/MR
032	Pediatric Nursing Facility
033	Residential Care Facility
040	Rehabilitation Facility
050	Home Health Agency
060	Hospice
070	Rick Based Managed Care (RBMC)
071	Managed Care Organization (MCO)
072	Prepaid Health Plan (PHP)
073	Competitive Medical Plans (CMP)
080	Federally Qualified Health Clinic (FQHC)
081	Rural Health Clinic (RHC)
082	Medical Clinic
083	Family Planning Clinic
084	Nurse Practitioner Clinic
085	Title V Clinic
086	Dental Clinic
087	Therapy Clinic
090	Pediatric Nurse Practitioner
091	Obstetric Nurse Practitioner
092	Family Nurse Practitioner
093	Nurse Practitioner (other)
094	Certified Registered Nurse Anesthetist (CRNA)
095	Certified Nurse Midwife
100	Physician Assistant
101	Anesthesiology Assistant
110	Outpatient Mental Health Clinic

Table N.1 – Provider Specialty

Code	Description
111	Community Mental Health Center (CMHC)
112	Psychologist
113	Certified Psychologist
114	Health Service Provider in Psychology (HSPP)
115	Certified Clinical Social Worker (MSW)
116	Certified Social Worker
117	Psychiatric Nurse
120	School Corporation
130	County Health Department
140	Podiatrist
150	Chiropractor
160	Registered Nurse (RN)
161	Licensed Practical Nurse (LPN)
162	Registered Nurse Clinical (RNC)
170	Physical Therapist
171	Occupational Therapist
172	Respiratory Therapist
173	Speech/Hearing Therapist
180	Optometrist
190	Optician
200	Audiologist
210	Care Coordinator for Pregnant Women
211	HIV Case Manager
212	CSHCS Care Coordinator
220	Hearing Aid Dealer
230	Registered Dietitian
240	Pharmacist
250	DME/Medical Supply Dealer
260	Ambulance
261	Air Ambulance
262	Bus
263	Taxi
264	Common Carrier (Ambulatory)
265	Common Carrier (Non-Ambulatory)

Table N.1 – Provider Specialty

Code	Description
266	Family Member
270	Endodontist
271	General Dentistry Practitioner
272	Oral Surgeon
273	Orthodontist
274	Pediatric Dentist
275	Periodontist
276	Pedodontist
277	Dental Prosthesis
280	Independent Lab
281	Mobile Lab
290	Freestanding Xray Clinic
291	Mobile Xray Clinic
300	Freestanding Renal Dialysis Clinic
310	Allergist
311	Anesthesiologist
312	Cardiologist
313	Cardiovascular Surgeon
314	Dermatologist
315	Emergency Medicine Practitioner
316	Family Practitioner
317	Gastroenterologist
318	General Practitioner
319	General Surgeon
320	Geriatric Practitioner
321	Hand Surgeon
322	Internist
323	Neonatologist
324	Nephrologist
325	Neurological Surgeon
326	Neurologist
327	Nuclear Medicine Practitioner
328	OB/GYN
329	Oncologist

Table N.1 – Provider Specialty

Code	Description
330	Ophthalmologist
331	Orthopedic Surgeon
332	Otologist, Laryngologist, Rhinologist
333	Pathologist
334	Pediatric Surgeon
335	Pediatrician
336	Physical Medicine and Rehab Practitioner
337	Plastic Surgeon
338	Proctologist
339	Psychiatrist
340	Pulmonary Disease Specialist
341	Radiologist
342	Thoracic Surgeon
343	Urologist
344	General Internist
345	General Pediatrician
346	Dispensing Physician
350	Aged and Disabled Waiver
351	Autism Waiver
352	ICF/MR Developmentally Disabled Waiver
353	OBRA Home Care Based Services Waiver
354	Medically Fragile Children's Waiver
355	Non Billing Waiver Case Manager
ALL	
Unknown	Note: This classification will be used to report claims denied for reasons such as the billing provider is not on file which will not have a provider specialty assigned.

Appendix O: Provider Type to Specialty Cross-Reference

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type		Provider Specialty	
1	Hospital	10	Acute Care Hospital
		11	Psychiatric Hospital
		12	Rehabilitation Hospital
2	Ambulatory Surgical Center	20	Ambulatory Surgical Center
3	Extended Care Facilities	30	Nursing Facilities
		31	ICF/MR
		32	Pediatric Nursing Facility
		33	Residential Care Facility
4	Rehabilitation Facility	40	Rehabilitation Facility
5	Home Health Agency	50	Home Health Agency
6	Hospice	60	Hospice
7	Capitation Provider	70	HMO
		71	PPO
		72	Prepaid Health Plan (PHP)
		73	Competitive Medical Plans (CMP)
8	Clinic	80	FQHC
		81	Rural Health Clinic (RHC)
		82	Medical Clinic
		83	Family Planning Clinic
		84	Nurse Practitioner Clinic
		85	Title V Clinic
		86	Dental Clinic
		87	Therapy Clinic
9	Advance Practice Nurse	90	Pediatric Nurse Practitioner
		91	Obstetric Nurse Practitioner
		92	Family Nurse Practitioner
		93	Nurse Practitioner (other)
		94	CRNA
		95	Certified Nurse Midwife
10	Mid-level Practitioner	100	Physician Assistant
		101	Anesthesiology Assistant

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type		Provider Specialty	
11	Mental Health Provider	110	Outpatient Mental Health Clinic
		111	Community Mental Health Center
		112	Psychologist
		113	Certified Psychologist
		114	Health Service Prov in Psych (HSPP)
		115	Certified Clinical Social Worker (MSW)
		116	Certified Social Worker
		117	Psychiatric Nurse
12	School Corporation	120	School Corporation
13	Public Health Agency	130	County Health Department
14	Podiatrist	140	Podiatrist
15	Chiropractor	150	Chiropractor
16	Nurse	160	Registered Nurse (RN)
		161	Licensed Practical Nurse (LPN)
		162	Registered Nurse Clinical (RNC)
17	Therapist	170	Physical Therapist
		171	Occupational Therapist
		172	Respiratory Therapist
		173	Speech/Hearing Therapist
18	Optometrist	180	Optometrist
19	Optician	190	Optician
20	Audiologist	200	Audiologist
21	Case Manager (Targeted)	210	Care Coordinator for Pregnant Women
		211	HIV Case Manager
		212	CSHCS Care Coordinator
22	Hearing Aid Dealer	220	Hearing Aid Dealer
23	Dietitian	230	Registered Dietitian
24	Pharmacy	240	Pharmacist
25	DME/Medical Supply Dealer	250	DME/Medical Supply Dealer
26	Transportation Provider	260	Ambulance
		261	Air Ambulance
		262	Bus
		263	Taxi
		264	Common Carrier (Ambulatory)

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type		Provider Specialty	
		265	Common Carrier (Non-Ambulatory)
		266	Family Member
27	Dentist	270	Endodontist
		271	General Dentistry Practitioner
		272	Oral Surgeon
		273	Orthodontist
		274	Pediatric Dentist
		275	Periodontist
		276	Pedodontist
		277	Prosthesis
28	Laboratory	280	Independent Lab
		281	Mobile Lab
29	Radiology Provider	290	Freestanding X-ray Clinic
		291	Mobile X-ray Clinic
30	End Stage Renal Disease Clinic	300	Freestanding Renal Dialysis Clinic
31	Physician	310	Allergist
		311	Anesthesiologist
		312	Cardiologist
		313	Cardiovascular Surgeon
		314	Dermatologist
		315	Emergency Medicine Practitioner
		316	Family Practitioner
		317	Gastroenterologist
		318	General Practitioner
		319	General Surgeon
		320	Geriatric Practitioner
		321	Hand Surgeon
		322	Internist
		323	Neonatologist
		324	Nephrologist
		325	Neurological Surgeon
		326	Neurologist
		327	Nuclear Medicine Practitioner
		328	OB/GYN

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type		Provider Specialty	
		329	Oncologist
		330	Ophthalmologist
		331	Orthopedic Surgeon
		332	Otologist, Laryngologist, Rhinologist
		333	Pathologist
		334	Pediatric Surgeon
		335	Pediatrician
		336	Physical Medicine and Rehab Practitioner
		337	Plastic Surgeon
		338	Proctologist
		339	Psychiatrist
		340	Pulmonary Disease Specialist
		341	Radiologist
		342	Thoracic Surgeon
		343	Urologist
		344	General Internist
		345	General Pediatrician
		346	Dispensing Physician
32	Waiver Provider	350	Aged and Disabled Waiver
		351	Autistic Waiver
		352	ICF/MR Developmentally Disabled Waiver
		353	OBRA Home Care Based Services Waiver
		354	Medically Fragile Children's Waiver
		355	Non-Billing Waiver Case Manager Waiver
33	Non-Billing Waiver Case Manager	350	Aged and Disabled Waiver
		351	Autistic Waiver
		352	ICF/MR Developmentally Disabled Waiver
		353	OBRA Home Care Based Services Waiver
		354	Medically Fragile Children's Waiver

Appendix P: Claim Type

Table P.1 – Claim Type

Code	Description
P	Pharmacy Claims
S	Shadow Claims
L	Long Term Care Claims
I	Inpatient Claims
M	HCFA-1500 Claims
H	Home Health Claims
O	Outpatient Claims
D	Dental Claims
F	Financial
C	UB-92 Outpatient Crossover Claims
B	HCFA-1500 Crossover Claims
A	UB-92 Inpatient Crossover Claims

Appendix Q: Counts – MAR Reporting of Claims and Units

Medical

Number of Claims – Each detail line should be counted

Number of Units – Days or Units field from HCFA 1500

Inpatient

Number of Claims – Each ICN should be counted

Number of Units – Days or the number of units for each revenue code billed

Outpatient

Number of Claims – Each ICN should be counted

Number of Units – Service units from the UB92 should be counted

Home Health

Number of Claims – Each ICN should be counted

Number of Units – Service units from the UB92 should be counted

Pharmacy

Number of Claims – Each ICN should be counted

Number of Units – The quantity field from the drug claim should be counted

Dental

Number of Claims – Each detail should be counted

Number of Units – Assume one for each detail since there is no units field

Crossover – HCFA-1500

Number of Claims – Each detail line should be counted

Number of Units – Days or Units field from HCFA-1500

Crossover – Institutional

Number of Claims – Each ICN should be counted

Number of Units – Days or the number of units for each revenue code billed

Nursing Home – Long Term Care

Number of Claims – Each ICN should be counted

Number of Units – Days

Appendix R: County

Table R.1 – County

Code	County
01	Adams
02	Allen
03	Bartholomew
04	Benton
05	Blackford
06	Boone
07	Brown
08	Carroll
09	Cass
10	Clark
11	Clay
12	Clinton
13	Crawford
14	Daviess
15	Dearborn
16	Decatur
17	Dekalb
18	Delaware
19	Dubois
20	Elkhart
21	Fayette
22	Floyd
23	Fountain
24	Franklin
25	Fulton
26	Gibson
27	Grant
28	Greene
29	Hamilton
30	Hancock
31	Harrison
32	Hendricks

Table R.1 – County

Code	County
33	Henry
34	Howard
35	Huntington
36	Jackson
37	Jasper
38	Jay
39	Jefferson
40	Jennings
41	Johnson
42	Knox
43	Kosciusko
44	LaGrange
45	Lake
46	Laporte
47	Lawrence
48	Madison
49	Marion
50	Marshall
51	Martin
52	Miami
53	Monroe
54	Montgomery
55	Morgan
56	Newton
57	Noble
58	Ohio
59	Orange
60	Owen
61	Parke
62	Perry
63	Pike
64	Porter
65	Posey
66	Pulaski

Table R.1 – County

Code	County
67	Putnam
68	Randolph
69	Ripley
70	Rush
71	St. Joseph
72	Scott
73	Shelby
74	Spencer
75	Starke
76	Steuben
77	Sullivan
78	Switzerland
79	Tippecanoe
80	Tipton
81	Union
82	Vanderburgh
83	Vermillion
84	Vigo
85	Wabash
86	Warren
87	Warrick
88	Washington
89	Wayne
90	Wells
91	White
92	Whitley
94	IFSSA
95	Out-of-State Ward of Court
96	Out-of-State

Appendix S: Level of Care for Long Term Care

Table S.1 – Level of Care for Long Term Care

Code	Description
01	Skilled SNF
02	Intermediate ICF
03	Group Home ICF/MR
04	Ventilator Dependent
05	Traumatic Brain Injury (TBI)
06	Super Skilled
07	Burn Treatment
08	Rehabilitation
09	Psychiatric
10	Miscellaneous Surgery

Appendix T: Level of Care for Waiver Programs

Table T.1 – Level of Care for Waiver Programs

Code	Description
A	Intermediate Care Level; diverted, disabled (under age 65) – HCBS Waiver
B	Intermediate Care Level; deinstitutionalized, disabled (under age 65) – HCBS Waiver
C	Skilled Care Level; diverted, disabled (under age 65) – HCBS Waiver
D	Skilled Care Level; deinstitutionalized, disabled (under age 65) – HCBS Waiver
E	Intermediate Care Level; Diverted, Aged (65 and Over) – HCBS Waiver
F	Intermediate Care Level; Deinstitutionalized, Aged (65 and Over) – HCBS Waiver
G	Skilled Care Level; Diverted, Aged (65 and Over) – HCBS Waiver
H	Skilled Care Level; Deinstitutionalized, Aged (65 and over) – HCBS Waiver
I	Intermediate Care
J	Medically Fragile Children; Diverted – Hospital; Effective 7/1/92
K	Skilled Care Level; Diverted, (Code Ineffective 9/1/90)
L	Skilled Care Level; Deinstitutionalized (Code Ineffective 9/1/90)
M	Intermediate Care Level; Deinstitutionalized, (Code Ineffective 9/1/90)
N	Intermediate Care Level; Diverted (Code Ineffective 9/1/90)
P	Autistic Waiver, Diverted
Q	Autistic Waiver, Deinstitutionalized
R	Rehabilitation Care
S	Skilled Care
T	Developmentally Disabled HCBS Waiver; Diverted
U	Developmentally Disabled HCBS Waiver; Deinstitutionalized
V	Developmentally Disabled HCBS Waiver; Deinstitutionalized from State Owned Facility
W	Developmentally Disabled HCBS Waiver; Deinstitutionalized from Nursing Facility
X	Medically Fragile Children; Deinstitutionalized – Hospital
Y	Medically Fragile Children; Diverted – Nursing Facility Skilled Care
Z	Medically Fragile Children; Deinstitutionalized – Nursing Facility Skilled Care
I10	General Intermediate Care in NF
I11	MR/DD Specialized Intermediate Care in ICF/MR
I20	ICF/MR
S10	General Skilled Care in NF (default)
S11	MR/DD Specialized Skilled Care in NF
S12	Vent Skilled Care Unit in NF

Table T.1 – Level of Care for Waiver Programs

Code	Description
S13	AIDS Skilled Care Unit in NF
S14	TBI Skilled Care Unit in NF
S15	Extensive Skilled Care Unit in NF

Appendix U: Location (Place) of Service

Table U.1 – Location (Place) of Service

Code	Description
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance – Land
42	Ambulance Air or Water
51	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

Appendix V: Maintenance Assistant Status Codes

Table V.1 – Maintenance Assistant Status Codes

Code	Description
0	Not eligible for Medicaid
1	Categorically Needy, Receiving Federal Cash Assistance
2	Categorically Needy, Not Receiving Federal Cash Assistance
3	Medically Needy
4	Other Coverage Groups created by Legislation Effective Prior to 1988
5	Coverage Groups created by MCCA of 1988 and Later Legislation
9	Status Unknown

Table V.2 – Maintenance Assistance Status Codes Effective Federal Fiscal Year 1997

Code	Description
1	Receiving Cash Assistance
2	Medically Needy
3	Poverty Related
4	Other

Table V.3 – Basis of Eligibility Codes Effective Federal Fiscal Year 1997

Code	Description
1	Aged
2	Blind / Disabled
4	AFDC or Poverty Child
5	AFDC or Poverty Adult
6	AFDC, U Child
7	AFDC, U Adult
8	Foster Care Child

Appendix W: MAS/BOE Conversion – ICES to Federal

Table W.1 – MAS/BOE Conversion – ICES to Federal

Aid	Money Grant	Age	MAS	BOE
MA A	Y		1	1
MA A	N or Blank		4	1
MA B	Y		1	2
MA B	N or Blank		4	2
MA C	Y	00 – 20	1	4
MA C	Y			
MA C	Y			
MA C		00 – 20	1	6
MA C	N or Blank	00 – 20	4	4
MA C	N or Blank	21 – 64	4	5
MA D	Y		1	2
MA D	N or Blank		4	2
MA E			3	5
MA E			4	5
MA F	Y	00 – 20	4	4
MA F	Y	21 – 64	4	5
MA F	Y			
MA F	N or Blank	00 – 20	4	4
MA F	N or Blank	21 – 64	4	5
MA G	Y		3	2
MA G	N or Blank			
MA H	Y	00 – 20	4	4
MA H	Y			
MA H	Y			
MA H	N or Blank	00 – 20	4	4
MA H	N or Blank			
MA J	Y	00 – 64	3	2
MA J	N or Blank	65 & Older	3	1
MA L		00 – 64	3	2
MA L		65 & Older	3	1

Table W.1 – MAS/BOE Conversion – ICES to Federal

Aid	Money Grant	Age	MAS	BOE
MA M			4	5
MA N			3	5
MA O	Y		4	4
MA O	Y			
MA O	N or Blank			
MA P			N/A	
MA Q	Y		N/A	
MA Q	Y		N/A	
MA Q	Y		N/A	
MA Q	N or Blank		N/A	
MA Q	N or Blank		N/A	
MA R		00 – 64	1	2
MA R		65 & Older	1	1
MA S	Y	00 – 20	4	4
MA S	Y	21 – 64	4	5
MA S	Y			
MA S	N or Blank	00 – 20	4	4
MA S	N or Blank	21 – 64	4	5
MA T	Y	00 – 20	4	4
MA T	Y			
MA T	N or Blank			
MA U	Y	00 – 64	1	2
MA U	Y	65 & Older	4	1
MA U	Y	00 – 64	4	2
MA U	N or Blank			
MA U	N or Blank			
MA X			4	4
MA Y			3	4
MA Z			3	4
MA 1			4	4
MA 2			3	4
MA 3			4	4
MA 4	Y		4	8

Table W.1 – MAS/BOE Conversion – ICES to Federal

Aid	Money Grant	Age	MAS	BOE
MA 4	Y			
MA 4	N or Blank			
MA 5	Y		N/A	
MA 5	N or Blank		N/A	
MA 6	Y		N/A	
MA 6	N or Blank		N/A	
MA 7	Y		N/A	
MA 7	N or Blank		N/A	
MA 8	Y		4	4
MA 8	Y		4	8
MA 8	N or Blank			

Federal Aid Category – Aged

When the ICES category indicates a Federal Aged eligibility category, the Money Grant Indicator on the recipient table will be accessed. If the Money Grant Indicator is a “Y” (Yes), the Maintenance Assistance Code will be set to a “1” (Receiving Cash Assistance). If the Money Grant indicator is an “N” or blank, the Maintenance Assistance Code will be set to “4” (Other).

Exceptions

If the ICES category is RBA related (MA R age 65+ or MA RP age 65+), the maintenance Assistance Code will be set to a “1” (Receiving Cash Assistance).

If the ICES category is QMB related (MA L age 65+ or MA LP age 65+) the Maintenance Assistance Code will be set to a “3” (Poverty Related).

Federal Aid Category – Blind/Disabled

When the ICES category indicates a Federal Blind eligibility category, the Money Grant Indicator on the recipient table will be accessed. If the Money Grant Indicator is a “Y” (Yes), the Maintenance Assistance Code will be set to a “1” (Categorically Needy Receiving Federal

Assistance). If the Money Grant indicator is an “N” or blank, the Maintenance Assistance Code will be set to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Federal Aid Category – Children in AFDC

Age 0 – 20 Only

When the ICES category indicates a Federal Children in AFDC category and the age of the recipient is 0 - 17, the Money Grant indicator is accessed. If the Money Grant Indicator is “Y” (Yes), the Maintenance Assistance Code is set to “1” (Categorically Needy Receiving Federal Assistance). If the Money Grant indicator is an “N” or blank, the Maintenance Assistance Code will be set to “2” (Categorically Needy, Not Receiving Federal Cash Assistance). If the child's age is 18 - 20, regardless of the Money Grant indicator, the Maintenance Assistance Code will be set to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Exceptions

If the ICES category indicates a Newborn (MA X) the Maintenance Assistance Code will be set to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

If the ICES category indicates a Ward (MA 3, MA 3P) or Medicaid for children under 6 (MA Z, MA ZP) the Maintenance Assistance Code will be set to a “4” (Other Coverage Groups created by Legislation Effective Prior to 1988).

If the ICES category indicates Children Under 19 (MA 1, MA 2, MA Y, MA 1P, MA 2P, MA YP) the Maintenance Assistance Code will be set to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Federal Aid Category – Adults in AFDC

Age 21 - 64 Only

When the ICES category indicates a Federal Adult in AFDC category the Money Grant indicator is accessed. If the Money Grant Indicator is “Y” (Yes), the Maintenance Assistance Code is set to “1” (Categorically Needy Receiving Federal

Assistance). If the Money Grant indicator is an “N” or blank, the Maintenance Assistance Code will be set to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Exceptions

If the ICES category indicates a SOBRA Adult (MA N, MA P, MA NP, MA PP), the Maintenance Assistance Code will be set to “4” (Other Coverage Groups created by Legislation Effective Prior to 1988). If the ICES category indicates a Medicaid for Pregnant Women (MA E, MA M, MA MP) the Maintenance Assistance Code will be set to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Appendix X: Mental Health Codes

Table X.1 – Mental Health Codes

Code	Description
X3040	Outpatient Diagnostic Assessments
X3041	Outpatient Prehospital Screening
X3042	Individual Counseling Psychotherapy
X3043	Conjoint Counseling/Psychotherapy
X3044	Family Counseling/Psychotherapy
X3045	Group Counseling/Psychotherapy
X3046	Crisis Intervention
X3047	Medication/Somatic Treatment
X3048	Train Activities Daily Living
X3049	Partial Hospitalization Services
X3050	Case Management Services

Appendix Y: Non Claim Specific Financial Transaction Reason Codes

Table Y.1 – Non Claim Specific Financial Transaction Reason Codes

Non-Claim Provider Refund	
Code	Description
8220	Non Claim Specific Refund – TPL (other health insurance) related
8221	Non Claim Specific Refund – TPL (Medicare related)
8222	Non Claim Specific Refund – TPL (special projects)
8223	Non Claim Specific Refund – SURS
8225 - 8228	Reserved for future use
8229	Non Claim Specific Refund – Misc
Expenditures/Cash	
Code	Description
8300	Provider payout – system generated
8301	Provider payout – manual check
8302	Provider payout – over refund (sys)
8303	Provider payout – over refund (man)
8306	Reserved for future use
8307	Provider Payout – manual check (balance of stop paid check applied to A/R)
8308 - 8319	Reserved for future use
8320	Other entity payout – outside AIM
8321 - 8399	Reserved for future use
	NOTE: Payout reasons for TPL related functions will be defined in the TPL Account Receivable Deliverable

Appendix Z: Region Codes

Table Z.1 – Region Codes

Code	Description
10	Paper
11	Paper with Attachments
12	CCF
13	Timely Filing
15	Paper Claims with No Provider ID
20	Electronic
21	Electronic with Attachments
22	Shadow (Encounter Claims)
23	Electronic Crossover Claims using Provider Electronic Solutions
25	Point of Service
26	Point of Service with Attachments
50	Non Check Related Adjustments
51	Check Related Adjustments
55	Mass Adjustments – Retro Rate
56	Mass Adjustments
57	Adjustments Reprocessed by EDS System Engineers
58	Claims Reprocessed by EDS System Engineers
60	Non-Claim Specific Financial Transactions
70	HMO Capitation
90	Special Projects

Appendix AA: Therapeutic Class

Table AA.1 – Therapeutic Class

Code	Description
00:00.00	AHFS Category Unknown
04:00.00	Antihistamine Drugs
08:00.00	Anti-Infective Agents
08:04.00	Amebicides
08:08.00	Anthelmintics
08:12.00	Antibiotics
08:12.02	Aminoglycosides
08:12.04	Antifungal Antibiotics
08:12.06	Cephalosporins
08:12.07	Miscellaneous B-Lactam Antibiotics
08:12.08	Chloramphenicol
08:12.12	Macrolides
08:12.16	Penicillins
08:12.24	Tetracyclines
08:12.28	Miscellaneous Antibiotics
08:16.00	Antituberculosis Agents
08:18.00	Antivirals
08:20.00	Antimalarial Agents
08:22.00	Quinolones
08:24.00	Sulfonamides
08:26.00	Sulfones
08:28.00	Antitreponemal Agents
08:32.00	Antitrichomonal Agents
08:36.00	Urinary Anti-Infectives
08:40.00	Miscellaneous Anti-Infectives
10:00.00	Antineoplastic Agents
12:00.00	Autonomic Drugs
12:04.00	Parasympathomimetic (Cholinergic Agents)
12:08.00	Anticholinergic Agents
12:08.04	Antiparkinsonian Agents
12:08.08	Antimuscarinics / Antispasmodics
12:12.00	Sympathomimetic (Adrenergic) Agents

Table AA.1 – Therapeutic Class

Code	Description
12:16.00	Sympatholytic Adrenergic Blocking Agents
12:20.00	Skeletal Muscle Relaxants
12:92.00	Miscellaneous Autonomic Drugs
16:00.00	Blood Derivatives
20:00.00	Blood Formation & Coagulation
20:04.00	Antianemia Drugs
20:04.04	Iron Preparations
20:04.08	Liver and Stomach Preparations
20:12.00	Coagulants and Anticoagulants
20:12.04	Anticoagulants
20:12.08	Antiheparin Agents
20:12.12	Coagulants
20:12.16	Hemostatics
20:16.00	Hematopoietic Agents
20:24.00	Hemorrhologic Agents
20:40.00	Thrombolytic Agents
24:00.00	Cardiovascular Drugs
24:04.00	Cardiac Drugs
24:06.00	Antilipemic Agents
24:08.00	Hypotensive Agents
24:12.00	Vasodilating Agents
24:16.00	Sclerosing Agents
28:00.00	Central Nervous System Drugs
28:04.00	General Anesthetics
28:08.00	Analgesics and Antipyretics
28:08.04	Nonsteroidal Anti-Inflammatory Agents
28:08.08	Opiate Agonists
28:08.12	Opiate Partial Agonists
28:08.92	Miscellaneous Analgesics and Antipyretics
28:10.00	Opiate Antagonists
28:12.00	Anticonvulsants
28:12.04	Barbiturates
28:12.08	Benzodiazepines
28:12.12	Hydantoins

Table AA.1 – Therapeutic Class

Code	Description
28:12.16	Oxazolidinediones
28:12.20	Succinimides
28:12.92	Miscellaneous Anticonvulsants
28:16.00	Psychotherapeutic Agents
28:16.04	Antidepressants
28:16.08	Tranquilizers
28:16.12	Miscellaneous Psychotherapeutic Agents
28:20.00	Respiratory and Cerebral Stimulants
28:24.00	Anxiolytics, Sedatives and Hypnotics
28:24.04	Barbiturates
28:24.08	Benzodiazepines
28:24.92	Misc. Anxiolytics, Sedatives and Hypnotics
28:28.00	Antimanic Agents
32:00.00	Contraceptives (Foams, Devices)
34:00.00	Dental Agents
36:00.00	Diagnostic Agents
36:04.00	Adrenocortical Insufficiency
36:08.00	Amyloidosis
36:12.00	Blood Volume
36:16.00	Brucellosis
36:18.00	Cardiac Function
36:24.00	Circulation Time
36:26.00	Diabetes Mellitus
36:28.00	Diphtheria
36:30.00	Drug Hypersensitivity
36:32.00	Fungi
36:34.00	Gallbladder Function
36:36.00	Gastric Function
36:38.00	Intestinal Absorption
36:40.00	Kidney Function
36:44.00	Liver Function
36:48.00	Lymphogranuloma Venereum
36:52.00	Mumps
36:56.00	Myasthenia Gravis

Table AA.1 – Therapeutic Class

Code	Description
36:60.00	Thyroid Function
36:61.00	Pancreatic Function
36:62.00	Phenylketonuria
36:64.00	Pheochromocytoma
36:66.00	Pituitary Function
36:68.00	Roentgenography
36:72.00	Scarlet Fever
36:76.00	Sweating
36:80.00	Trichinosis
36:84.00	Tuberculosis
36:88.00	Urine and Feces Contents
36:88.12	Ketones
36:88.20	Occult Blood
36:88.24	Ph
36:88.28	Protein
36:88.40	Sugar
38:00.00	Disinfectants for Nondermatological Use
40:00.00	Electrolytic, Caloric & Water Balance
40:04.00	Acidifying Agents
40:08.00	Alkalinizing Agents
40:10.00	Ammonia Detoxicants
40:12.00	Replacement Preparations
40:16.00	Sodium-Removing Resins
40:17.00	Calcium-Removing Resins
40:18.00	Potassium-Removing Resins
40:20.00	Caloric Agents
40:24.00	Salt and Sugar Substitutes
40:28.00	Diuretics
40:28.10	Potassium Sparing Diuretics
40:36.00	Irrigating Solutions
40:40.00	Uricosuric Agents
44:00.00	Enzymes
48:00.00	Antitussives, Expectorants & Mucolytic Agents
48:08.00	Antitussives

Table AA.1 – Therapeutic Class

Code	Description
48:16.00	Expectorants
48:24.00	Mucolytic Agents
52:00.00	Eye, Ear, Nose & Throat (EENT) Preps.
52:04.00	Anti-Infectives
52:04.04	Antibiotics
52:04.05	Antifungals
52:04.06	Antivirals
52:04.08	Sulfonamides
52:04.12	Miscellaneous Anti-Infectives
52:08.00	Anti-Inflammatory Agents
52:10.00	Carbonic Anhydrase Inhibitors
52:12.00	Contact Lens Solutions
52:16.00	Local Anesthetics
52:20.00	Miotics
52:24.00	Mydriatics
52:28.00	Mouthwashes and Gargles
52:32.00	Vasoconstrictors
52:36.00	Miscellaneous EENT Drugs
56:00.00	Gastrointestinal Drugs
56:04.00	Antacids and Adsorbents
56:08.00	Antidiarrhea Agents
56:10.00	Antiflatulents
56:12.00	Cathartics and Laxatives
56:14.00	Cholelitholytic Agents
56:16.00	Digestants
56:20.00	Emetics
56:22.00	Antiemetics
56:24.00	Lipotropic Agents
56:40.00	Miscellaneous GI Drugs
60:00.00	Gold Compounds
64:00.00	Heavy Metal Antagonists
68:00.00	Hormones & Synthetic Substitutes
68:04.00	Adrenals
68:08.00	Androgens

Table AA.1 – Therapeutic Class

Code	Description
68:12.00	Contraceptives
68:16.00	Estrogens
68:18.00	Gonadotropins
68:20.00	Antidiabetic Agents
68:20.08	Insulins
68:20.20	Sulfonylureas
68:20.92	Miscellaneous Antidiabetic Agents
68:24.00	Parathyroid
68:28.00	Pituitary
68:32.00	Progestins
68:34.00	Other Corpus Luteum Hormones
68:36.00	Thyroid and Antithyroid Agents
68:36.04	Thyroid Agents
68:36.08	Antithyroid Agents
72:00.00	Local Anesthetics
76:00.00	Oxytocics
78:00.00	Radioactive Agents
80:00.00	Serums, Toxoids & Vaccines
80:04.00	Serums
80:08.00	Toxoids
80:12.00	Vaccines
84:00.00	Skin & Mucous Membrane Agents
84:04.00	Anti-Infectives
84:04.04	Antibiotics
84:04.06	Antivirals
84:04.08	Antifungals
84:04.12	Scabicides and Pediculicides
84:04.16	Miscellaneous Local Anti-Infectives
84:06.00	Anti-Inflammatory Agents
84:08.00	Antipruritics and Local Anesthetics
84:12.00	Astringents
84:16.00	Cell Stimulants and Proliferants
84:20.00	Detergents
84:24.00	Emollients, Demulcents and Protectants

Table AA.1 – Therapeutic Class

Code	Description
84:24.04	Basic Lotions and Liniments
84:24.08	Basic Oils and Other Solvents
84:24.12	Basic Ointments and Protectants
84:24.16	Basic Powders and Demulcents
84:28.00	Keratolytic Agents
84:32.00	Keratoplastic Agents
84:36.00	Miscel. Skin and Mucous Membrane Agents
84:50.00	Depigmenting And Pigmenting Agents
84:50.04	Depigmenting Agents
84:50.06	Pigmenting Agents
84:80.00	Sunscreen Agents
86:00.00	Smooth Muscle Relaxants
86:08.00	Gastrointestinal Smooth Muscle Relaxants
86:12.00	Genitourinary Smooth Muscle Relaxants
86:16.00	Respiratory Smooth Muscle Relaxants
88:00.00	Vitamins
88:04.00	Vitamin A
88:08.00	Vitamin B Complex
88:12.00	Vitamin C
88:16.00	Vitamin D
88:20.00	Vitamin E
88:24.00	Vitamin K Activity
88:28.00	Multivitamin Preparations
92:00.00	Unclassified Therapeutic Agents
94:00.00	Devices
96:00.00	Pharmaceutical Aids
ALL	All

Appendix BB: Indiana MAR Windows to MAR Summary Tables Cross-Reference

Table BB.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Provider Ranking – To Date Totals	w_388td_prov_rank_td_tot	T_MR_PROVIDER
Provider Error Code Analysis	w_382err_prov_err_cde_anly	T_MR_ERROR
Provider Participation – Historical Averages	w_384havg_prov_part_hist_avg	T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR
Provider Participation – Historical	w_384hist_prov_part_hist	T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR, T_MR_PROV_ENROLLED
Provider Participation – To Date Totals	w_384td_prov_td_tot	T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR, T_MR_PROV_ENROLLED
Provider Participation – To Date Averages	w_384tda_prov_td_avg	T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR
Provider Filing Analysis	w_385_prov_fl_anly	T_MR_PROV_PERFORM
Provider Filing Analysis – 6 Month Averages	w_3856mo_prov_fl_anly_6_mn_avg	T_MR_PROV_PERFORM
Provider Ranking	w_388_prov_rank	T_MR_PROVIDER
Provider Error Analysis	w_382_prov_err_anly	T_MR_PROVIDER
Waiver Expenditures	w_waiver	T_MR_WAIVER, T_MR_WAIVER_RE, T_MR_WAIVER_SAK
Waiver Expenditures To Date	w_waiver_to_date	T_MR_WAIVER, T_MR_WAIVER_RE, T_MR_WAIVER_SAK
Third Party Payment Analysis	w_387_tpl_anly	T_MR_TPL
Third Party Payment Analysis To Date	w_387td_tpl_anly	T_MR_TPL
County Participation Analysis – Monthly by Category of Service	w_484rm_cty_part_anly_mn_cos	T_RE_CNTY, T_RE_CNTY_RE,

Table BB.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
		T_RE_CNTY_SAK, T_MR_ELIGIBLES
Provider Financial Participation by County	w_484p_cty_prov_part	T_MR_PR_CNTY, T_MR_PROVIDER_RE, T_MR_PROVIDER_SAK, T_MR_PROVIDER_PR, T_MR_PROV_SAK_PR, T_MR_PROV_ENROLLED
County Participation Analysis – Monthly by Aid Category	w_484rm_cty_part_anly_mn	T_MR_RE_CNTY, T_MR_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES
County Participation Analysis – To Date by Aid Category	w_484rtd_cty_part_anly_td	T_MR_RE_CNTY, T_MR_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES
County Participation Analysis – To Date by Category of Service	w_484rtd_cty_part_anly_td_cos	T_RE_CNTY, T_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES
Recipients Participation Summary	w_487_recpt_part_sum	T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK, T_MR_ELIGIBLES
Recipients Participation Projection	w_487a_recip_proj	T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK
Recipients AFDC-UP Activity	w_afdc_up_activity	T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK, T_MR_ELIGIBLES
Recipients FQHC Activity	w_fqhc_activity	T_MR_PROCED_CDE
Category of Service and Location Analysis	w_location	T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK
Category of Service and Location Analysis To Date	w_location_td	T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK
Mental Health Rehabilitation	w_mental_health	T_MR_PROCED_CDE, T_MR_PROCED_CDE_RE, T_MR_PROCED_CDE_SAK

Table BB.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Recipients Copayment	w_recip_copay	T_MR_COPAY
Recipients Sobra/Defra Activity	w_sobra_defra_activity	T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK
Recipients Wards Activity	w_wards_activity	T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK
HCFA 2082 – Sections A and B	w_2082ab_pmt	T_MR_2082ABCD
HCFA 2082 – Sections G and H – Age	w_2082cd_age	T_MR_2082ABCD
HCFA 2082 – Sections G and H – Ethnic	w_2082cd_ethnic	T_MR_2082ABCD
HCFA 2082 – Sections G and H – Sex	w_2082cd_sex	T_MR_2082ABCD
HCFA 2082 – Section E	w_2082e_recip_cnt	T_MR_2082E
HCFA 2082 – Section F	w_2082f_undup_recip_cnt	T_MR_2082FGH
HCFA 2082 – Section G	w_2082g_undup_recip_nurs	T_MR_2082FGH
HCFA 2082 – Section H	w_2082h_recip_inter_cnt	T_MR_2082FGH
HCFA 2082 – Section I	w_2082i_phys_rural	T_MR_2082I
HCFA 2082 – Section J	w_2082j_aged_disabled	T_MR_2082J, T_MR_2082J_COIN_RE, T_MR_2082J_DED_RE, T_MR_2082J_SAK
Long Term Care Payments	w_310_ltc_pmt	T_MR_LTC, T_MR_LTC_RE, T_MR_LTC_SAK
Long Term Care Payments To Date	w_310_ltc_pmt_td	T_MR_LTC, T_MR_LTC_RE, T_MR_LTC_SAK
Long Term Care Leave Days	w_310_ltc_leave	T_MR_LTC
Long Term Care Leave Days To Date	w_310_ltc_leave_td	T_MR_LTC
Medicare Participation: Part A	w_485a_med_part_a	T_MR_XOVER, T_MR_ELIGIBLES
Medicare Participation: Part A and B	w_485ab_med_part_ab	T_MR_XOVER, T_MR_ELIGIBLES
Medicare Participation: Part B	w_485b_med_part_b	T_MR_XOVER, T_MR_ELIGIBLES

Table BB.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Drug Usage – Rank by Usage	w_782_drug_rank_usage	T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK
Drug Usage – Rank by Usage To Date	w_782_drug_rank_usage_td	T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK
Drug Usage – Rank by Usage – Compound Drugs	w_372_drug_compound	T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK
Drug Usage – Rank by Usage To Date – Compound Drug	w_372_drug_compound_td	T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK
Budget Analysis	w_budg	T_MR_BUDGET
Care Coordination for Pregnant Women	w_care_coord	T_MR_PROCED_CDE, T_MR_PROCED_CDE_RE, T_MR_PROCED_CDE_SAK
Disproportionate Share Hospital	w_231_dispro_hosp	T_MR_DISP_SHARE
Claim Payment Statistics – Provider Type	w_101b_cl_pmt_stat_pt	T_MR_PR_CL_TYP
Claim Payment Statistics To Date – Provider Type	w_101btd_cl_pmt_stat_pt	T_MR_PR_CL_TYP
Claim Payment Statistics – Category of Service	w_101c_cl_pmt_stat_cos	T_MR_COS
Claim Payment Statistics To Date – Category of Service	w_101ctd_cl_pmt_stat_cos	T_MR_COS
Claims Processing Throughput Analysis – Receipt to Adjudication	w_381_ops_thru_put_anly_adj	T_MR_THROUGHPUT
Claims Processing Throughput Analysis – Receipt to Paid	w_381_ops_thru_put_anly_paid	T_MR_THROUGHPUT
Financial Summary	w_482_fin_sum	T_MR_AID_SVC
Financial Summary – To Date	w_482td_fin_sum_td	T_MR_AID_SVC
Expenditure Analysis – In Monthly Dollars	w_4831m_exp_anly_mn_dol	T_MR_AID_SVC
Expenditure Analysis – To Date Dollars	w_4831td_exp_anly_td_dol	T_MR_AID_SVC
Expenditure Analysis – In Monthly Average Cost	w_4834m_exp_anly_mn_avg_cost	T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK

Table BB.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Expenditure Analysis – To Date Average Cost	w_4834td_exp_anly_td_avg_cost	T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK
Operational Performance Summary	w_486_ops_sum_fund_src_cos	T_MR_OPER_PERF
Operational Performance Summary – Averages and Percents	w_486a_ops_sum_avg_pct	T_MR_OPER_PERF, T_MR_PERFORMANCE, T_MR_ERROR
Operational Performance Summary – Dollars	w_486d_ops_sum_dol	T_MR_OPER_PERF
Operational Performance Summary – Provider	w_486p_ops_sum_pt	T_MR_OPER_PERF
Non Claim Specific Financial Transactions	w_non_cl_specific	T_AR_DISP, T_CASH_RECEIPT_DISP
Report Period	w_rpt_prd	T_MR_RPT_PRD

Appendix CC: Program Codes

- All
- Children with Special Health Care Services (CSHCS)
- Medicaid
- Hoosier Healthwise Package C
- 590-Program
- ARCH
- RBMC
- 10046739 C Carewise
- 10046739 N Carewise
- 10046739 S Carewise
- 20000055 N MAXIHEALTH
- 20000055 S MAXIHEALTH
- Unknown

The MAR Windows listed below contain shadow claim specific data, which may be accessed by selecting Program Code ‘RBMC’. Access data specific to MCO by selecting the specific MCO provider number listed in the Program Code selection box. It is important to note that shadow claims data is not included in the reporting of Program Codes outside of RBMC or each MCO. Shadow Claims data is also not included with the selection of ALL as the Program Code.

Expenditures

- Expenditure Analysis – In Monthly Dollars
- Expenditure Analysis – To Date Dollars
- Expenditure Analysis – In Monthly Average Cost
- Expenditure Analysis – To Date Average Cost

Claim Payment Statistics

- Claim Payment Statistics – Provider Type
- Claim Payment Statistics To Date – Provider Type
- Claim Payment Statistics – Category of Service

- Claim Payment Statistics To Date – Category of Service

Provider Participation

- Provider Participation – Historical
- Provider Participation – Historical Averages
- Provider Participation – To Date Totals
- Provider Participation – To Date Averages
- Provider Filing Analysis
- Provider Filing Analysis – 6 Month Averages
- Provider Ranking
- Provider Ranking – To Date Totals
- Provider Error Analysis
- Provider Error Code Analysis

Recipient Participation

- Recipient Participation Summary
- Recipient Participation Projection
- Recipient Sobra/Defra Activity
- Care Coordination for Pregnant Women

Operations

- Claims Processing Throughput Analysis – Receipt to Paid
- Claims Processing Throughput Analysis – Receipt to Adjudication

County Participation

- Provider Financial Participation by County
- County Participation Analysis – Monthly by Aid Category
- County Participation Analysis – To Date by Aid Category
- County Participation Analysis – Monthly by Category of Service
- County Participation Analysis – To Date by Category of Service

Drug Usage

- Drug Usage – Rank by Usage
- Drug Usage – Rank by Usage To Date
- Drug Usage – Rank by Usage – Compound Drugs
- Drug Usage – Rank by Usage To Date – Compound Drug

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- Category of Service and Location Analysis
- Category of Service and Location Analysis To Date

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